#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,241 MOP024 FEE-FOR-SERVICE/DENTAL

YUBA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

YUBA COUNTY	SUMMARY OF SER	VICES FOR CASH GRA	NT -	- AGED	AID CODE	10			
						MC	ONTHLY AVERA	AGE	
5,844 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PER		COST PER
·		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	4,630	134,297	\$	2,416,578.30	\$ 17.99	22.980		Ś	413.51
@PHYSICIANS SERVICES	913	2,523	\$	35,273.22	\$ 13.98	.432			6.04
OUTPATIENT VISITS	8	12	Y	399.05	33.25	.002	49.88	Y	.07
OFFICE VISITS	8	12		399.05	33.25	.002	49.88		.07
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	0	0		.00	.00	.000	.00		.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00		.00
CRITICAL CARE	0	Ö		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
	14	14							.04
OPHTHALMOLOGICAL SERVICES				221.87	15.85	.002	15.85		
EXAMINATIONS	14	14		221.87	15.85	.002	15.85		.04
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	Ö		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
	0	0		.00	.00	.000	.00		.00
DIALYSIS	0	1							
PATHOLOGY	1			8.22	8.22	.000	8.22		.00
RADIOLOGY	9	12		234.03	19.50	.002	26.00		.04
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	2	2		27.52	13.76	.000	13.76		.00
OTHER SERVICES/ALL X-OVERS	887	2,482		34,382.53	13.85	.425	38.76		5.88
@PHARMACY	3,802	46,669	\$	1,321,915.69	\$ 28.33	7.986	\$ 347.69	\$	226.20
PRESCRIPTION DRUGS	3,719	15,258		1,287,522.22	84.38	2.611	346.20		220.32
SNF/ICF	67	482		25,150.18	52.18	.082	375.38		4.30
OUTPATIENTS	3,658	14,776		1,262,372.04	85.43	2.528	345.10		216.01
MEDICAL SUPPLIES	501	31,411		34,393.47	1.09	5.375	68.65		5.89
@DENTIST	169	737	\$	36,677.00	\$ 49.77	.126		Ġ	6.28
VISITS - DIAGNOSTIC	109	407	Y	4,461.00	10.96	.070	40.93	Y	.76
	32			•	46.03		126.59		
ORAL SURGERY		88		4,051.00		.015			.69
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	1	1		100.00	100.00	.000	100.00		.02
PERIODONTICS	13	13		1,471.00	113.15	.002	113.15		.25
ENDODONTICS	6	12		3,205.00	267.08	.002	534.17		.55
RESTORATIVE DENTISTRY	30	82		5,565.00	67.87	.014	185.50		.95
PROSTHETICS	5	6		120.00	20.00	.001	24.00		.02
DENTURES, STAYPLATES	48	124		17,704.00	142.77	.021	368.83		3.03
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
	5	4				.000			
ALL OTHER SERVICES	5	4		.00	.00	.001	.00		.00

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#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,242 MOP024 FEE-FOR-SERVICE/DENTAL

YUBA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

YUBA COUNTY	SUMMARY OF SERV	ICES FOR	CASH GRA	ANT -	AGED		AID CODE					
								MC			GE.	
5,844 ELIGIBLES	USERS	UNITS OF			EXPENDITURES		ERAGE COST		3			COST PER
		OR DAYS	OF CARE				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	132		335	\$	6,314.43	\$	18.85	.057	\$	47.84	\$	1.08
DIAGNOSTIC AND ANC. PROCED	14		14		409.24		29.23	.002		29.23		.07
EYE APPLIANCES	104		289		4,883.29		16.90	.049		46.95		.84
OTHER OPTOMETRIC SERVICES	20		32		1,021.90		31.93	.005		51.10		.17
@CHIROPRACTOR	6		9	\$	150.48	\$	16.72	.002	\$	25.08	\$	.03
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	6		9		150.48		16.72	.002		25.08		.03
@PODIATRIST	57		83	\$	521.22	\$	6.28	.014	\$	9.14	\$	.09
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	57		83		521.22		6.28	.014		9.14		.09
@HOME HEALTH AGENCY	0		0	\$	.00	\$	.00	.000	Ś		\$	.00
NURSE ANESTHESIST	0		0	\$	.00	\$	.00		\$	.00	\$	.00
NURSE MIDWIFE	0		0	\$	.00	Ś	.00		Ś	.00	Ś	.00
PEDIATRIC NURSE PRACTITIONER	· ·		0	\$	.00	\$	.00		\$	.00	\$	.00
FAMILY NURSE PRACTITIONER			11	\$	196.02	\$	17.82	.002		39.20	\$	.03
@TOTAL HOSPITAL	286		898	\$			603.65	.154		1895.38		92.76
HOSP INPATIENT TOTAL	103		161	ې	542,078.46 522,362.47	Ą	3244.49	.028	Ą	5071.48	Ą	89.38
							1238.01					
HSC HOSPITALS	3		11		13,618.08			.002		4539.36		2.33
NON-HSC HOSPITAL TOTAL	23		150		447,035.64		2980.24	.026		19436.33		76.49
ACCOMMODATIONS	23		150		84,424.03		562.83	.026		3670.61		14.45
ADMINISTRATIVE DAYS	1		3		599.82		199.94	.001		599.82		.10
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	22		147		83,824.21		570.23	.025		3810.19		14.34
ANCILLARIES	23		0		362 <b>,</b> 611.61		.00	.000		15765.72		62.05
INPATIENT CROSSOVERS	77		0		61 <b>,</b> 708.75		.00	.000		801.41		10.56
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	194		737		19 <b>,</b> 715.99		26.75	.126		101.63		3.37
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	2		3		416.20		138.73	.001		208.10		.07
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	192		734		19,299.79		26.29	.126		100.52		3.30
@COUNTY HOSPITAL TOTAL	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		Ö		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		Ö		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		Ö		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0									
CO HOSP OUTPATIENT TOTAL	•				.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00

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0 RADIOLOGY 0 .00 .00 .000 .00 .00 0 0 .00 .00 ROOM USE .000 .00 .00 0 0 .00 CROSSOVERS/ALL OTH OUTPINT .00 .00 .000 .00 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,243 #CALIF DEPT OF HEALTH SERV

MOP024	FEE-FOR-SERVICE	LS AND EXPENDITORES M	ONIH-OF-PAIMENI RI	EPORT FOR JAN 2004	I IRU DEC .	2004	03/14/05
YUBA COUNTY		ICES FOR CASH GRANT	- ACED	AID CODE 10			03/14/03
IOBA COUNTI	SUMMARI OF SERV	ICES FOR CASH GRANT	- AGED		MONTH	TV MUDDAC.	17
5,844 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST UNI		LI AVERAGI OST PER	COST PER
J,044 ELIGIBLES	OSEKS	OR DAYS OF CARE	EXFENDITORES	PER UNIT/DAY PE		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	286	898 \$	542,078.46	\$ 603.65	.154 \$		
COMM HOSP INPATIENT TOTAL	103	161	522,362.47	3244.49		5071.48	89.38
HSC HOSPITALS	3	11	13,618.08	1238.01		4539.36	2.33
NON-HSC HOSPITALS TOTAL	23	150	447,035.64	2980.24		9436.33	76.49
ACCOMMODATIONS	2.2	150	84,424.03	562.83		3670.61	14.45
ACCOMMODATIONS ADMINISTRATIVE DAYS	1	3	599.82	199.94	.001	599.82	.10
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	22	147	83,824.21	570.23		3810.19	14.34
ANCILLARIES	23	0	362,611.61	.00		5765.72	62.05
INPATIENT CROSSOVERS	77	0	61,708.75	.00	.000	801.41	10.56
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL		737	19,715.99	26.75	.126	101.63	3.37
	194	0	19,715.99	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	3	416.20	138.73	.000	208.10	.07
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE		734				100.52	
CROSSOVERS/ALL OTH OUTPTNT	192	734 0 \$	19,299.79	26.29 \$.00	.126	.00	3.30 \$ .00
@STATE HOSPITAL MENTALLY ILL	0	0 \$	.00	.00	.000 \$ .000	.00	.00
	0	0				.00	.00
DEVELOP. DISABLED	86	1,602 \$	.00	.00 \$ 152.30	.000 .274 \$	.00 2837.04	
@NURSING FACILITY	0	1,602 \$	243,985.48 .00	\$ 152.30 .00	.274 \$ :	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00		.00	.00
LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING	•	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IF CARE LEV B-REGULAR	86	1,602	243,985.48	152.30		2837.04	41.75
@INTERMEDIATE CARE FACILDD	0	0 \$	.00	\$ .00	.000 \$	.00	
ICF DDH	0	0	.00	.00	.000 \$	.00	.00
ICF DDH ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDM/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	32	48 \$	20,393.74	\$ 424.87	.008 \$	637.30	
HOSPITAL BASED	0	40 P	.00	.00	.000 \$	.00	.00
HEMODIALYSIS CENTER	32	48	20,393.74	424.87	.008	637.30	3.49
@REHABILITATION FACILITY	0	0 \$	20,393.74	\$ .00	.000 \$	.00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
	21	76 \$					
@LABORATORY FACILITY PATHOLOGY	12	76 3 59	666.35 516.93	\$ 8.77 8.76	.013 \$ .010	31.73 : 43.08	.09
XO AND OTHERS	9	17	149.42	8.79	.003	16.60	.03
	855						
@ORGANIZED OUTPATIENT CLINIC	12	_, ,	56,500.71		.313 \$	66.08	
CLINIC	12	232 22	4,479.07 2,888.76	19.31 131.31	.040	373.26 160.49	.77 .49
SURGICENTER	18	0	,	.00		.00	.49
HEROIN DETOX CLINIC	830		.00		.000	.00 59.20	
RURAL HEALTH CLINIC		1,574	49,132.88	31.22	.269		8.41
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES M	ONIH-OF-PAIMENT R	EFORT FOR JAN 2004	HINO DEC .	2004	PAGE 18,244

MOP024 FEE-FOR-SERVICE/DENTAL
YUBA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10 03/14/05

10211 0001111	001111111111111111111111111111111111111				1112 0022			
						MC	NTHLY AVERA	GE
5,844 ELIGIBLES	USERS	UNITS OF SERVICE	EXI	PENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1,097	79 <b>,</b> 478 \$	1	51,905.50	\$ 1.91	13.600	\$ 138.47	\$ 25.99
DURABLE MED. EQUIP.	25	64		2,673.96	41.78	.011	106.96	.46
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	31	47		3,700.86	78.74	.008	119.38	.63
MEDICAL TRANSPORTATION	48	5 <b>,</b> 586		17,623.54	3.15	.956	367.16	3.02
AMBULANCES/AIR TRANS	1	1		118.20	118.20	.000	118.20	.02
OTHER TRANS	32	5 <b>,</b> 506		17,110.75	3.11	.942	534.71	2.93
OTHER SERVICES	15	79		394.59	4.99	.014	26.31	.07
ACUPUNCTURE	4	7		135.14	19.31	.001	33.79	.02
ADULT DAY HEALTH CARE CTR	12	211		14,681.38	69.58	.036	1223.45	2.51
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	141	953		65,193.40	68.41	.163	462.36	11.16
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	131	319		3,680.26	11.54	.055	28.09	.63
PHYSICAL THERAPIST	1	1		.81	.81	.000	.81	.00
PORTABLE X-RAY	4	4		2.81	.70	.001	.70	.00
PROSTHETIST/ORTHOTISTS	5	12		326.60	27.22	.002	65.32	.06
PROSTHETICS	5	12		326.60	27.22	.002	65.32	.06
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	28	51		4,854.42	95.18	.009	173.37	.83
HOSPICE SERVICES	6	90		8,869.04	98.54	.015	1478.17	1.52
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	5		64.55	12.91	.001	64.55	.01
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	771	72,128		30,098.73	.42	12.342	39.04	5.15
@CALIF. CHILDREN SERVICES*	0	0 \$		.00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	1,763	10,472 \$	2	22,798.25	\$ 21.28	1.792	\$ 126.37	\$ 38.12
A+ MOMATO TAL MUROR TIMES ADD	CITTENI AC A CEDA	DAME THEODMANTON THE	A ONTT SZ -					

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,245 FEE-FOR-SERVICE/DENTAL 03/14/05 MOP024 YUBA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

	MONTHLY AVERAGE							
741 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	615	15,202	\$	628,002.10	\$ 41.31	20.516 \$	1021.14	\$ 847.51
@PHYSICIANS SERVICES	178	655	\$	34,801.41	\$ 53.13	.884 \$	195.51	\$ 46.97
OUTPATIENT VISITS	60	82		3,167.55	38.63	.111	52.79	4.27
OFFICE VISITS	47	62		2,050.18	33.07	.084	43.62	2.77
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2		136.70	68.35	.003	68.35	.18
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	3	9		675.98	75.11	.012	225.33	.91
OTHER OUTPATIENT	8	9		304.69	33.85	.012	38.09	.41
INPATIENT VISITS	15	80		3,885.09	48.56	.108	259.01	5.24
HOSPITAL VISITS	14	75		3,463.99	46.19	.101	247.43	4.67
CRITICAL CARE	1	3		302.10	100.70	.004	302.10	.41

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF/TRANS IP CARE	2	2	119.00	59.50	.003	59.50	.16
OPHTHALMOLOGICAL SERVICES	12	11	428.20	38.93	.015	35.68	.58
EXAMINATIONS	12	11	428.20	38.93	.015	35.68	.58
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	9	51	3,150.41	61.77	.069	350.05	4.25
PRINCIPAL SURGEON	8	9	1,993.00	221.44	.012	249.13	2.69
ASSISTANT SURGEON	1	1	107.22	107.22	.001	107.22	.14
ANESTHESIOLOGIST	5	41	1,050.19	25.61	.055	210.04	1.42
OUTPATIENT SURGERY	15	37	8,106.88	219.10	.050	540.46	10.94
PRINCIPAL SURGEON	12	20	7,410.33	370.52	.027	617.53	10.00
ASSISTANT SURGEON	1	1	244.60	244.60	.001	244.60	.33
ANESTHESIOLOGIST	3	16	451.95	28.25	.022	150.65	.61
DIALYSIS	16	50	3,690.53	73.81	.067	230.66	4.98
PATHOLOGY	1	1	8.08	8.08	.001	8.08	.01
RADIOLOGY	54	124	7,200.96	58.07	.167	133.35	9.72
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	2	12.43	6.22	.003	12.43	.02
OTHER SERVICES/ALL X-OVERS	84	217	5,151.28	23.74	.293	61.32	6.95
@PHARMACY	467	6,006	\$ 184,072.01	\$ 30.65	8.105	\$ 394.16	\$ 248.41
PRESCRIPTION DRUGS	451	1,990	172,432.18	86.65	2.686	382.33	232.70
SNF/ICF	9	134	7,719.80	57.61	.181	857.76	10.42
OUTPATIENTS	443	1,856	164,712.38	88.75	2.505	371.81	222.28
MEDICAL SUPPLIES	97	4,016	11,639.83	2.90	5.420	120.00	15.71
@DENTIST	20	80	\$ 3,359.00	\$ 41.99	.108	\$ 167.95	\$ 4.53
VISITS - DIAGNOSTIC	11	50	568.00	11.36	.067	51.64	.77
ORAL SURGERY	3	3	296.00	98.67	.004	98.67	.40
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	4	4	409.00	102.25	.005	102.25	.55
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	2	117.00	58.50	.003	117.00	.16
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	6	21	1,969.00	93.76	.028	328.17	2.66
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU DE	C 2004	PAGE 18,246
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/05

SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

YUBA COUNTY

----- MONTHLY AVERAGE -----EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 741 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 26 \$ 482.96 \$ 18.58 .035 \$ @OPTOMETRIST 60.37 \$ .65 152.23 DIAGNOSTIC AND ANC. PROCED 5 30.45 .007 38.06 .21 330.73 15.75 .00 14.33 EYE APPLIANCES 21 .028 55.12 0 .000 .00 .00 OTHER OPTOMETRIC SERVICES 200.64 \$ 14.33 @CHIROPRACTOR 14 .019 \$ 50.16 \$ 14 200.64 14.33 VISITS .019 50.16 .00 .00 511.26 \$ 17.63 444.00 23.37 .00 .00 8.65 8.65 .00 0 .00 OTHER SERVICES .000 .00 29 .039 \$ 31.95 \$ @PODIATRIST 11 19 40.36 MEDICINE/INJECTIONS .026 0 0 .000 .00 SURGERY/ANES. RADIO./PATHOLOGY .001 8.65 2,213 58.61 6.51 .012 11.72 OTHER 0 \$
77 \$ 2.
.00 \$ .00
.00 \$ .00
.572.28 \$ 14.61
.361.17 \$ 358.46 .735
.3,301.25 1889.70 .131
.00 .00 .000
178,552.92 1840.75 .131 119
46,992.23 484.46 .131
.00 .00 .000
.00 .00 .000
.00 .00 .000
.92.23 484.46 .131
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.00 .000 67,310.10 \$ @HOME HEALTH AGENCY 24 30.42 2.987 \$ 2804.59 \$ 90.84 1 3 81.77 \$ NURSE ANESTHESIST .00 \$ NURSE MIDWIFE 0 0 \$ .00 \$ . 00 PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER 17 46 \$ 39.55 \$ 195,361.17 \$ 358.46 .735 \$ 2078.31 \$ 545 \$ @TOTAL HOSPITAL 263.65 97 8728.63 247.37 HOSP INPATIENT TOTAL Ω 0 .00 HSC HOSPITALS 15 97 240.96 NON-HSC HOSPITAL TOTAL .131 11903.53 1.5 97 3132.82 ACCOMMODATIONS 63.42 0 0 .000 .00 ADMINISTRATIVE DAYS .00 TRANSITIONAL IP CARE 0 .00 97 46,992.23 484.46 131,560.69 .00 4,748.33 .00 15 .131 3132.82 ALL OTHER ACCOM 63.42 1.5 0 .000 8770.71 177.54 ANCILLARIES 0 .000 791.39 INPATIENT CROSSOVERS 6 6.41 0 0 .00 ALL OTHER INPATIENT .00 141.88 448 HOSP OUTPATIENT TOTAL 16.28 794.45 61.11 2,193.88 12.33 2,860.18 69.76 1,853.01 42.11 1,616.23 14.56 3.0 61 MEDICAL 91.41 3.70 13 1.3 61.11 SURGERY .018 1.07 37 178 .240 59.29 PATHOLOGY RADIOLOGY 41 .055 86.67 3.86 37 50.08 44 .059 ROOM USE CROSSOVERS/ALL OTH OUTPINT 111 .150 44.90 2.18 0 .00 \$ .00 .000 \$ .00 \$ @COUNTY HOSPITAL TOTAL .00 CO HOSPITAL INPATIENT TOTAL .00 .00 .000 . 00 . 00 .00 .00 .000 .00 HSC HOSPITALS NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 . 00 .00 .00 .000 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 TRANSITIONAL IP CARE .00 .00 .00 .000 .00 ALL OTHER ACCOM .00 .00 ANCILLARIES . 00 .000 . 00 . 00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV			MONTH-OF-PAYMENT REPORT	FOR JAN 20	004 THRU DEC	2004	PAGE 18,247
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FO	OR CASH GRAN'	Γ - BLIND	AID CODE 2	20		

IOBA COUNTI	SUMMARI OF SERV	ICES FOR	CASH GRA	-71/1 -	- PLIND	F	AID CODE		_ N.T.		C.E.	
T.44			~					M			.GE	
741 ELIGIBLES	USERS	UNITS OF			EXPENDITURES			UNITS/DAY	-			COST PER
	0.4	OR DAYS			105 061 15			PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	94		545	\$	195,361.17		358.46		\$	2078.31	Ş	263.65
COMM HOSP INPATIENT TOTAL	21		97		183,301.25	18	389.70	.131		8728.63		247.37
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	15		97		178,552.92		340.75	.131		11903.53		240.96
ACCOMMODATIONS	15		97		46,992.23	4		.131		3132.82		63.42
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	15		97		46,992.23	4	184.46	.131		3132.82		63.42
ANCILLARIES	15		0		131,560.69		.00	.000		8770.71		177.54
INPATIENT CROSSOVERS	6		0		4,748.33		.00	.000		791.39		6.41
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	85		448		12,059.92		26.92	.605		141.88		16.28
MEDICAL	30		61		2,742.17		44.95	.082		91.41		3.70
SURGERY	13		13		794.45		61.11	.018		61.11		1.07
PATHOLOGY	37		178		2,193.88		12.33	.240		59.29		2.96
RADIOLOGY	33		41		2,860.18		69.76	.055		86.67		3.86
ROOM USE	37		44		1,853.01		42.11	.059		50.08		2.50
CROSSOVERS/ALL OTH OUTPINT	36		111		1,616.23		14.56	.150		44.90		2.18
@STATE HOSPITAL	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	4		139	\$	16,599.15	\$ 1	L19.42		\$	4149.79	\$	22.40
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	4		139		16,599.15	1	L19.42	.188		4149.79		22.40
@INTERMEDIATE CARE FACILDD	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0		0		.00	·	.00	.000		.00		.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		Ö		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	32	1	,007	\$	58,942.19	\$	58.53	1.359	\$	1841.94	Ś	79.54
HOSPITAL BASED	0	_	0	•	.00	'	.00	.000		.00		.00
HEMODIALYSIS CENTER	32	1	,007		58,942.19		58.53	1.359		1841.94		79.54
@REHABILITATION FACILITY	0	_	0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0		Ö	7	.00	7	.00	.000	7	.00	т.	.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	59		270	\$		\$	11.69	.364	Ś	53.48	Ś	4.26
PATHOLOGY	59		270	·T	3,155.09		11.69	.364	~	53.48	~	4.26
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
110 1110 0111110	O		•		• 0 0		• • •			. 50		• 0 0

@ORGANIZED OUTPATIENT CLINIC	177	357 \$	24,410.20	\$ 68.38	.482 \$	137.91	\$	32.94
CLINIC	0	0	.00	.00	.000	.00		.00
SURGICENTER	4	1.5	1.031.55	68.77	.020			1.39
HEROIN DETOX CLINIC	0	15 0	-,00	68.77 .00	.000	257.89 .00		. 00
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	175	342	23 378 65	68 36	462	133 59		31 55
#CALLE DEPT OF HEALTH SERV	MEDI-CAL SERVIC	FS AND EXPENDITIBES M	ONTH-OF-DAVMENT R	FPORT FOR JAN	2004 THRII DE	~ 2004	DΔ	CF 18 248
MOP024 YUBA COUNTY	FEE FOR CERVICE	LO AND EXIENDITORES H	ONIII OF TATHENT N	CELOILE FOR OAN .	ZOOT IIIKO DEN	2004	LA	03/14/05
MOPUZ4	CHMMADY OF CEDE	TOES FOR CASH CRANE	DITND	ATD CODE	20			03/14/03
IUBA COUNTI	SUMMARY OF SERV	ICES FOR CASH GRANT					20	
D44					MON'			
741 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		OST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		
@ALL OTHER PROVIDERS	130	3,812 \$	38,042.87	\$ 9.98	5.144 \$	292.64	\$	51.34
DURABLE MED. EQUIP.	24	47	11,339.29 .00 225.00 17,169.41	241.26	.063	472.47		15.30
BLOOD BANK	0	0	.00	.00	.000	.00		.00
HEARING AID DISPENSERS	4	9	225.00	25.00	.012	56.25		.30
MEDICAL TRANSPORTATION	36	3,495	17,169.41	4.91	4.717	476.93		23.17
AMBULANCES/AIR TRANS	17	151	3,526.86 13,615.05 27.50	23.36	.204	207.46		4.76
OTHER TRANS	22	3,342	13,615.05	4.07	4.510	618.87		18.37
OTHER SERVICES	1	. 2	27.50	13.75	.003	27.50		.04
ACIIPIINCTIIRE	0	0	0.0	00	000	0.0		.00
ADILT DAY HEALTH CARE CTR	1	1	73 06	73 06	001	.00 73.06		.10
GENETIC DISEASE TESTING	0	Û	75.00	73.00	000	75.00		
TUMO MODEL NE NE AIDO MOOD	17	90	7 422 10	02 17	121	136 60		.00 10.02 .00
INMC, MODEL-NE, NE, AIDS, MSSE	17	90	7,422.19	02.47	.121	430.00		10.02
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00		
OPTICIAN	8	24	321.22	13.38	.032	.00 436.60 .00 40.15 89.38		.43
PHYSICAL THERAPIST	5	31	446.88	14.42	.042	89.38		
PORTABLE X-RAY	O	0	.00	.00	.000	.00 80.69 80.69		.00
PROSTHETIST/ORTHOTISTS	1	1	80.69	80.69	.001	80.69		.11
PROSTHETICS	1	1	80.69	80.69	.001	80.69		.11
ORTHOTICS	0	0	.00	.00	.000	$\cap$		.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	2	2	72.70	36.35	.003	36.35		.10
HOSPICE SERVICES	0	0	.00	.00	.000	36.35 .00		.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00 36.83 .00		.00
LOCAL EDUCATION AGENCIES	5	24	184.15	7.67	.032	36.83		.25
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0	. 0.0	. 0.0	.000	.00		.00
ALL OTHER PROVIDERS	36	88	708 28	8 05	119	19.67		.96
GCALTE CHILDREN SERVICES*	23	112 Š	18 366 16	\$ 163.98	151 \$	798.53	Ś	
QALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS @CALIF. CHILDREN SERVICES* @XOVER EXCLUDING STATE HOSP** @* TOTALS IN THESE LINES ARE	+ 92	316 \$	20,716,95	\$ 65.56	.426 \$			27.96
@* TOTALS IN THESE LINES ARE	CIVEN AC A CEDAR	ATE THEODMATTON THEM	ONT V.	φ 03.30	.420 9	223.10	Y	27.50
THE AMOUNTS ARE ALREADY IN								
** THESE DATA ARE INCLUDED 1								
		ES AND EXPENDITURES M		SERODE HOD TAN	0004 BUDU DD	2 2004	D.7	CE 10 040
			ONTH-OF-PAIMENT R	EPORT FOR JAN .	2004 THRO DE	2004	PA	
MOP024	FEE-FOR-SERVICE				6.0			03/14/05
YUBA COUNTY	SUMMARY OF SERV	VICES FOR CASH GRANT	- DISABLED	AID CODE				
					MON'			
39,574 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST				OST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER		LIGIBLE
@TOTAL, ALL PROVIDERS	36,140	706,513 \$	27,655,484.77	\$ 39.14	17.853 \$			698.83
@PHYSICIANS SERVICES	9,496	36 <b>,</b> 716 \$	1,163,276.30	\$ 31.68	.928 \$	122.50	\$	29.39
OUTPATIENT VISITS	3,454	4,833	167,074.58	34.57	.122	48.37		4.22
OFFICE VISITS	3,004	4,186	137,062.48	32.74	.106	45.63		3.46
HOME VISITS	31	36	1,788.40	49.68	.001	57.69		.05
EMERGENCY ROOM	184	207	13,536.91	65.40	.005	73.57		.34
			•					

PREVENTIVE CARE	3	3		106.77		35.59	.000		35.59		.00
OB VISITS/COMPRE PERI	34	45		4,253.44		94.52	.001		125.10		.11
OTHER OUTPATIENT	293	356		10,326.58		29.01	.009		35.24		.26
INPATIENT VISITS	521	2,043		104,779.93		51.29	.052		201.11		2.65
HOSPITAL VISITS	461	1,746		77,724.96		44.52	.044		168.60		1.96
CRITICAL CARE	47	174		23,052.83		132.49	.004		490.49		.58
SNF/ICF/TRANS IP CARE	62	123		4,002.14		32.54	.003		64.55		.10
OPHTHALMOLOGICAL SERVICES	338	447		17,263.36		38.62	.011		51.08		. 44
EXAMINATIONS	335	441		17,108.07		38.79	.011		51.07		.43
SERVICES AND MATERIALS	6	6		155.29		25.88	.000		25.88		.00
INPATIENT HOSPITAL SURGERY	324	1,864		171,726.33		92.13	.047		530.02		4.34
PRINCIPAL SURGEON	254	370		131,915.67		356.53	.009		519.35		3.33
ASSISTANT SURGEON	40	40		9,841.82		246.05	.001		246.05		.25
ANESTHESIOLOGIST	110	1,454		29,968.84		20.61	.037		272.44		.76
OUTPATIENT SURGERY	511	1,335		133,315.88		99.86	.034		260.89		3.37
PRINCIPAL SURGEON	424	565		115,333.52		204.13	.014		272.01		2.91
ASSISTANT SURGEON	6	6		849.41		141.57	.000		141.57		.02
	114	764				22.43	.019		150.29		.43
ANESTHESIOLOGIST				17,132.95		22.43					
DIALYSIS	73	209		19,413.26		92.89	.005		265.94		. 49
PATHOLOGY	333	655		10,637.68		16.24	.017		31.94		.27
RADIOLOGY	3,170	6 <b>,</b> 196		240,175.94		38.76	.157		75.77		6.07
PSYCHIATRY	6	6		238.19		39.70	.000		39.70		.01
IMMUNIZATION AND INJECTION	187	1,041		8,676.67		8.33	.026		46.40		.22
OTHER SERVICES/ALL X-OVERS	4,239	18,087		289,974.48		16.03	.457		68.41		7.33
@PHARMACY	27 <b>,</b> 279		\$	13,747,173.05	\$		8.460	\$		\$	347.38
PRESCRIPTION DRUGS	26,883	122,442		12,855,513.32		104.99	3.094		478.20		324.85
SNF/ICF	233	2,574		201,273.36		78.19	.065		863.83		5.09
OUTPATIENTS	26,695	119,868		12,654,239.96		105.57	3.029		474.03		319.76
MEDICAL SUPPLIES		212,358									
	2,915			891,659.73		4.20	5.366		305.89		22.53
@DENTIST	1,746 1,117	•	\$	345,800.44	\$	42.55	.205	Ş		Ş	8.74
	1,117	4,807		59 <b>,</b> 825.79		12.45	.121		53.56		1.51
ORAL SURGERY	282	900		50,024.00		55.58	.023		177.39		1.26
DRUGS	10	10		215.00		21.50	.000		21.50		.01
ANESTHESIA	14	14		1,390.00		99.29	.000		99.29		.04
PERIODONTICS	106	113		12,608.00		111.58	.003		118.94		.32
ENDODONTICS	101	152		34,415.00		226.41	.004		340.74		.87
RESTORATIVE DENTISTRY	494	1,339		84,298.65		62.96	.034		170.65		2.13
PROSTHETICS	12	14		890.00		63.57	.000		74.17		.02
DENTURES, STAYPLATES	232	627		94,588.00		150.86	.016		407.71		2.39
SPACE MAINTAINERS	0	027		.00		.00	.000		.00		.00
	3	3					.000				.00
MAXILLOFACIAL SERVICES	1	1		146.00		48.67			48.67		
FRACTURES, DISLOCATIONS				500.00		500.00	.000		500.00		.01
ORTHODONTIC SERVICES	53	75		6,675.00		89.00	.002		125.94		.17
ALL OTHER SERVICES	68	71		225.00		3.17	.002		3.31		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURE	ES MO	ONTH-OF-PAYMENT RI	EPORT	r for jan 2	2004 THRU I	DEC	2004	P7	AGE 18,250
MOP024	FEE-FOR-SERVICE										03/14/05
YUBA COUNTY	SUMMARY OF SERV	ICES FOR CASH GRA	NT -	- DISABLED		AID CODE	60				
							MC	HTNC	LY AVERA	GE ·	
39,574 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	ERAGE COST					COST PER
03,071 221012220	00210	OR DAYS OF CARE		2111 2112 1 1 0 1 1 2		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	1,027		\$	62,286.43	\$	20.68	.076	Ċ	60.65		1.57
	536	•	٢	23,254.18	۲	36.22	.016	٧	43.38	Y	.59
DIAGNOSTIC AND ANC. PROCED		642									
EYE APPLIANCES	822	2,317		37,619.88		16.24	.059		45.77		.95
OTHER OPTOMETRIC SERVICES	37	53	_	1,412.37		26.65	.001	_	38.17	_	.04
@CHIROPRACTOR	347	•	\$	16,939.80	\$	15.56	.028	Ş	48.82	Ş	.43
VISITS	331	1,053		16,502.64		15.67	.027		49.86		.42

OTHER SERVICES	16	36	437.16	12.14	.001	27.32	.01
@PODIATRIST	181	214	\$ 2,583.22	\$ 12.07	.005	\$ 14.27	\$ .07
MEDICINE/INJECTIONS	43	44	1,153.60	26.22	.001	26.83	.03
SURGERY/ANES.	2	2	265.45	132.73	.000	132.73	.01
RADIO./PATHOLOGY	3	3	51.90	17.30	.000	17.30	.00
OTHER	136	165	1,112.27	6.74	.004	8.18	.03
@HOME HEALTH AGENCY	271	3,270	\$ 150,934.69	\$ 46.16	.083	\$ 556.95	\$ 3.81
NURSE ANESTHESIST	25	291	\$ 2,366.50	\$ 8.13	.007	\$ 94.66	\$ .06
NURSE MIDWIFE	11	22	\$ 10,329.07	\$ 469.50	.001	\$ 939.01	\$ .26
PEDIATRIC NURSE PRACTITIONER	1	1	\$ 57.20	\$ 57.20	.000	\$ 57.20	\$ .00
FAMILY NURSE PRACTITIONER	1,240	2 <b>,</b> 955	\$ 43,709.78	\$ 14.79	.075	\$ 35.25	\$ 1.10
@TOTAL HOSPITAL	5 <b>,</b> 891	33,202	\$ 7,638,585.23	\$ 230.06	.839	\$ 1296.65	\$ 193.02
HOSP INPATIENT TOTAL	779	3,312	6,585,875.38	1988.49	.084	8454.27	166.42
HSC HOSPITALS	86	463	589,371.10	1272.94	.012	6853.15	14.89
NON-HSC HOSPITAL TOTAL	507	2,849	5,820,902.71	2043.14	.072	11481.07	147.09
ACCOMMODATIONS	506	2,849	1,449,229.43	508.68	.072	2864.09	36.62
ADMINISTRATIVE DAYS	4	22	4,894.39	222.47	.001	1223.60	.12
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	502	2,827	1,444,335.04	510.91	.071	2877.16	36.50
ANCILLARIES	507	0	4,371,673.28	.00	.000	8622.63	110.47
INPATIENT CROSSOVERS	198	0	175,601.57	.00	.000	886.88	4.44
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5,458	29 <b>,</b> 890	1,052,709.85	35.22	.755	192.87	26.60
MEDICAL	1,860	3,504	178,988.80	51.08	.089	96.23	4.52
SURGERY	426	528	27 <b>,</b> 158.51	51.44	.013	63.75	.69
PATHOLOGY	2,066	10,924	134,576.51	12.32	.276	65.14	3.40
RADIOLOGY	2,237	3,543	294,368.46	83.08	.090	131.59	7.44
ROOM USE	2,084	2,971	121,499.42	40.90	.075	58.30	3.07
CROSSOVERS/ALL OTH OUTPINT	2,153	8,420	296,118.15	35.17	.213	137.54	7.48
@COUNTY HOSPITAL TOTAL	9	39	\$ 1,200.07	\$ 30.77	.001	\$ 133.34	\$ .03
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
A CCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS  ADMINISTRATIVE DAYS  TRANSITIONAL IP CARE  ALL OTHER ACCOM  ANCILLARIES  INPATIENT CROSSOVERS  ALL OTHER INPATIENT	0	0		.00	.00	000	.00		.00
TDANCTTIONAL TO CARE	0	•				.000	.00		.00
TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00 .00 .00 .00 30.77 40.15 4.37 14.87 .00 35.12	.000	.00		.00
ALL OIDER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL	0	0		1 200 07	.00	.000	122.24		.00
CO HOSP OUTPATIENT TOTAL	9	39		1,200.07	30.77	.001	.00 .00 .00 133.34 53.53		.03
MEDICAL	3	4		160.59	40.15	.000	23.23		.00
SURGERY	1			4.37	4.37	.000	4.37 223.02		.00
PATHOLOGY	1	15		223.02	14.8/	.000	223.02		.01
RADIOLOGY	0	0		.00	.00	.000	.00 35.12		.00
ROOM USE	3	3		105.36	35.12	.000	35.12		.00
CROSSOVERS/ALL OTH OUTPINT	5	16		706.73	44.17	.000	141.35		.02
			URES M	IONTH-OF-PAYMENT R	EPORT FOR JAN 2	2004 THRU DE	C 2004	P	•
MOP024	FEE-FOR-SERVICE SUMMARY OF SERV	E/DENTAL							03/14/05
YUBA COUNTY	SUMMARY OF SERV	ICES FOR CASH	GRANT	- DISABLED	AID CODE	60			
YUBA COUNTY  39,574 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL						MON	ITHLY AVERA	GE ·	
39,574 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	(	COST PER
		OR DAYS OF CA	RE .		PER UNIT/DAY	PER ELIG	USER	. 1	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5 <b>,</b> 884	33,163	\$	7,637,385.16	\$ 230.30	.838 \$	1297.99	\$	192.99
COMM HOSP INPATIENT TOTAL	779	3,312		6,585,875.38	1988.49	.084	8454.27		166.42
HSC HOSPITALS	86	463		589 <b>,</b> 371.10	1272.94	.012	6853.15		14.89
NON-HSC HOSPITALS TOTAL	507	2,849		5,820,902.71	2043.14	.072	11481.07		147.09
ACCOMMODATIONS	506	2,849		1,449,229.43	508.68	.072	2864.09		36.62
ADMINISTRATIVE DAYS	4	22		4,894.39	222.47	.001	1223.60		.12
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	502	2,827		1,444,335.04	510.91	.071	2877.16		36.50
ANCILLARIES	507	0		4,371,673.28	.00	.000	8622.63		110.47
INPATIENT CROSSOVERS	198	0		175,601.57	.00	.000	886.88		4.44
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	5 <b>,</b> 451	29,851		1,051,509.78	35.23	.754	192.90		26.57
MEDICAL	1,857	3,500		178,828.21	51.09	.088	96.30		4.52
SURGERY	425	527		27,154.14	51.53	.013	63.89		.69
PATHOLOGY	2,065	10,909		134,353.49	12.32	.276	65.06		3.39
RADIOLOGY	2,237	3,543		294,368.46	83.08	.090	131.59		7.44
ROOM USE	2,081	2,968		121,394.06	40.90	.075	58.33		3.07
CROSSOVERS/ALL OTH OUTPINT	2,150	8,404		295,411.42	35.15 \$ .00	.212	137.40		7.46
@STATE HOSPITAL	. 0	. 0	\$	.00	\$ .00	.000	.00	\$	.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	230	5,141	\$	917,766.66	\$ 178.52	.130	3990.29	\$	23.19
COMM HOSP OUTPATIENT TOTAL  MEDICAL  SURGERY  PATHOLOGY  RADIOLOGY  ROOM USE  CROSSOVERS/ALL OTH OUTPTNT  @STATE HOSPITAL  MENTALLY ILL  DEVELOP. DISABLED  @NURSING FACILITY  LEV A-INTERMEDIATE  LEV B-REHAB MD  LEV B-SUBACUTE FREESTANDING  LEV B-SUBACUTE HSPTL BASED  LEV B-TRANSITIONAL IP CARE	0	. 0		.00	.00	.000	0.0		$\cap \cap$
LEV B-REHAB MD	4	100		12,532.00	125.32	.003	3133.00		.32
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	12	365		211,715.45	580.04	.009	17642.95		5.35
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
I DI D DECILIAD	014	4 676		CO2 F10 01	1 4 0 2 1	110	2240 74		17 50

693,519.21

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LEV B-REGULAR

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HOSPITAL BASED

ICF DDH

ICF DD

@INTERMEDIATE CARE FACIL.-DD

^	1.0	1.0		000 00		40.01	0.00			0.0
@REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY	12	19	Ş	832.39		43.81	.000			.02
HOSPITAL BASED	10	16		741.52		46.35	.000	74.15		.02
INDEPENDENT FACILITY	2	3		90.87		30.29	.000	45.44		.00
@LABORATORY FACILITY	3 <b>,</b> 137	14,098	\$	159,826.05	\$	11.34	.356	\$ 50.95	\$	4.04
PATHOLOGY	3 <b>,</b> 123 15	14,074		159.669 31		11.34	.356	51.13		4.03
XO AND OTHERS	1.5	. 04		1 7 .		6.53	.001			.00
@ORGANIZED OUTPATIENT CLINIC	10 894	22,336 1,289 411 37	¢	1,583,345.77	Ċ				Ċ	40.01
CITNIC	10,094	1 200	Y	28,464.65	Y	70.89	.033	138.18	Ÿ	.72
CLINIC	206 106 4 10,656	1,289		28,464.65		22.08	.033			
SURGICENTER	106	411		21,537.03		52.40	.010	203.18		.54
HEROIN DETOX CLINIC	4	37		446.90		12.08	.001			.01
RURAL HEALTH CLINIC	10 <b>,</b> 656	20 <b>,</b> 599		1,532,897.19		74.42				38.73
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	JRES 1	MONTH-OF-PAYMENT R	REPORT	FOR JAN 2	2004 THRU D	EC 2004	PA	GE 18,252
	FEE-FOR-SERVICE									03/14/05
YUBA COUNTY		•	ייות ג סי	- DISABLED		AID CODE	60			00/ 11/ 00
TODA COUNTI	SOMMANI OF SERV	TCES FOR CASH (	21/5/1/1	DISABLED		AID CODE		NTHLY AVERA	CE	
20 574 71 767777										
39,574 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES						OST PER
@ALL OTHER PROVIDERS		OR DAYS OF CAR	RE		PER	UNIT/DAY	PER ELIG	USER		LIGIBLE
@ALL OTHER PROVIDERS	6 <b>,</b> 215	227,917	\$	1,311,118.94	\$	5.75		\$ 210.96	\$	33.13
DURABLE MED. EQUIP.	817	2,564		279,265.86		108.92	.065	341.82		7.06
BLOOD BANK	0	. 0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	90	109		12,334.94		113.16	.003			
MEDICAL TRANSPORTATION	1 042	20 000		220,496.16		7.85	.710	211 61		5.57
MEDICAL TRANSPORTATION	1,042	20,009		123,139.97		16.94	. / 1 0	211.61 146.42		3.37
AMBULANCES/AIR TRANS	841	7,269		123,139.97		16.94	.184			
OTHER TRANS	157	20 <b>,</b> 483 337		86,772.69 10,583.50		4.24	.518	552.69		2.19
OTHER SERVICES	86	337		10,583.50		31.41	.009	123.06		.27
ACUPUNCTURE	31	77		1,114.75		14.48	.002	35.96		.03
ADULT DAY HEALTH CARE CTR	17	150		10 447 44		69.65	.004	614.56		.26
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES	4	Δ		420.00 367,704.99		105.00	.000	105.00		.01
THMC MODEL NE NE ALDO MOOD	270	10 070		367 704 00		36.51	.254			
INMC, MODEL-NF, NF, AIDS, MSSF	270	10,070		307,704.99				1361.87		9.29
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	883	2,031		21,545.48 2,581.72 345.40		10.61	.051	24.40		
PHYSICAL THERAPIST	37	177		2 <b>,</b> 581.72		14.59	.004	69.78		.07
PORTABLE X-RAY	13	24		345.40		14.39	.001	26.57		.01
PROSTHETIST/ORTHOTISTS	159	360		34,636.00 34,609.75		96.21	.009	217.84 219.05		.88
PROSTHETICS	158	357		34.609 75		96 95	.009	219 05		.87
ORTHOTICS	1	3		26 25		8.75	.000	26.25		.00
DCVCIIOTOCTCE	2	5		26.25 151.93		30.39	.000	75.97		.00
PSICHOLOGISI	2	2		131.93		30.39				.00
SPEECH AND AUDIOLOGY	246	925		35,318.66		38.18		143.57		
HOSPICE SERVICES	36	826		95,899.63		116.10	.021	2663.88		2.42
HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS	0	0		.00 102,400.52 .00		.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	895	27 <b>,</b> 461		102,400.52		3.73	.694	114.41		2.59
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		- 00		.00	.000	.00		.00
DED SIBACITE REHAR/WEANING	0	0		.00 .00 .00 126,455.46		.00	.000	.00		.00
ALL OTHER DROWING	2 215	155 045		126 455 46		.82	3.918	57.09		3.20
ALL OIDER PROVIDERS	2,213	133,043	<u>^</u>	1 400 047 04	<u>^</u>					
@CALIF. CHILDREN SERVICES*	399	9,337	\$	1,429,947.24				\$ 3583.83		36.13
@XOVER EXCLUDING STATE HOSP**		37 <b>,</b> 388		650,116.08	Ş	17.39	.945	\$ 141.08	Ş	16.43
<pre>@* TOTALS IN THESE LINES ARE</pre>	GIVEN AS A SEPAF	RATE INFORMATION	ITEM	ONLY;						
THE AMOUNTS ARE ALREADY IN	CLUDED IN THE AR	PROPRIATE DETAIL	LINE	ES ABOVE.						
** THESE DATA ARE INCLUDED I	N THE APPROPRIAT	E DETAIL LINES A	ABOVE	•						
#CALIF DEPT OF HEALTH SERV				MONTH-OF-PAYMENT R	REPORT	FOR JAN 2	2004 THRU D	EC 2004	PΔ	GE 18,253
MOP024	FEE-FOR-SERVICE		)I(LD I		CEI OICI	I OIL OIIL 2	2001 1111(O D	LO 2001		03/14/05
			) _ 3 2	25 40 42 27 214 25	זיכ מג	2 ta7				00/14/00
YUBA COUNTY	SUMMAKI OF SERV	TOTO FOR COR 3	,-33 .	35 40 42 3A-3M 3P	UC 7C	JW 4C-4G			CE	
								NTHLY AVERA		
65,642 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES						OST PER
		OR DAYS OF CAR	RE		PER	UNIT/DAY	PER ELIG	USER	Ε	LIGIBLE

@TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES	34,446 6,573	157,995 20,648	\$	8,882,434.06 784,778.96		56.22 38.01	2.407 .315		257.87 119.39		135.32 11.96
OUTPATIENT VISITS	3,256	4,198	7	163,610.95		38.97	.064	7	50.25	7	2.49
OFFICE VISITS	2,786	3,601		126,752.81		35.20	.055		45.50		1.93
HOME VISITS	. 11	11		567.60		51.60	.000		51.60		.01
EMERGENCY ROOM	250	267		14,953.25		56.00	.004		59.81		.23
PREVENTIVE CARE	3	3		129.61		43.20	.000		43.20		.00
OB VISITS/COMPRE PERI	150	205		17,906.75		87.35	.003		119.38		.27
OTHER OUTPATIENT	104	111		3,300.93		29.74	.002		31.74		.05
INPATIENT VISITS	344	1,155		82,698.80		71.60	.018		240.40		1.26
HOSPITAL VISITS	319	834		39,276.78		47.09	.013		123.12		.60
CRITICAL CARE	52	321		43,422.02		135.27	.005		835.04		.66
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	168	200		8,677.85		43.39	.003		51.65		.13
EXAMINATIONS	166	198		8,637.85		43.63	.003		52.04		.13
SERVICES AND MATERIALS	2	2		40.00		20.00	.000		20.00		.00
INPATIENT HOSPITAL SURGERY	388	1,509		224,415.83		148.72	.023		578.39		3.42
PRINCIPAL SURGEON	247	356		180,925.15		508.22	.005		732.49		2.76
ASSISTANT SURGEON	58	58		9,919.55		171.03	.001		171.03		.15
ANESTHESIOLOGIST	171	1,095		33,571.13		30.66	.017		196.32		.51
OUTPATIENT SURGERY	481	1,248		85,858.21		68.80	.019		178.50		1.31
PRINCIPAL SURGEON	397	549		68,750.36		125.23	.008		173.17		1.05
ASSISTANT SURGEON	4	4		335.98		84.00	.000		84.00		.01
ANESTHESIOLOGIST	120	695		16,771.87		24.13	.011		139.77		.26
DIALYSIS	1	1		56.60		56.60	.000		56.60		.00
PATHOLOGY	242	500		8,627.09		17.25	.008		35.65		.13
RADIOLOGY	2,558	3,880		119,068.28		30.69	.059		46.55		1.81
PSYCHIATRY	1	1		74.30		74.30	.000		74.30		.00
IMMUNIZATION AND INJECTION	149	338		10,038.96		29.70	.005		67.38		.15
OTHER SERVICES/ALL X-OVERS	1,156	7,618		81,652.09		10.72	.116		70.63		1.24
@PHARMACY	15 <b>,</b> 672	40,499	\$	2,039,353.18			.617	Ş		\$	31.07
PRESCRIPTION DRUGS	15,586	37,325		2,005,696.65		53.74	.569		128.69		30.56
SNF/ICF	17	34		934.65		27.49	.001		54.98		.01
OUTPATIENTS	15,570	37,291		2,004,762.00		53.76	.568		128.76		30.54
MEDICAL SUPPLIES	298	3,174		33,656.53		10.60	.048		112.94		.51
@DENTIST	3,100 2,166	16,125	\$	513,822.86	\$		.246	Ş	165.75	Ş	7.83
VISITS - DIAGNOSTIC	2,166	10,481		149,777.51		14.29	.160		69.15		2.28
ORAL SURGERY	489	1,055		63,790.00		60.46	.016		130.45		.97
DRUGS	89	104		2,390.00		22.98	.002		26.85		.04
ANESTHESIA	31 43	31 51		3,090.00 5,051.00		99.68	.000		99.68		.05
PERIODONTICS	266	561		•		99.04 124.33	.001		117.47		.08
ENDODONTICS	1,094	3 <b>,</b> 296		69,749.25		55.55	.009		262.22 167.36		1.06 2.79
RESTORATIVE DENTISTRY PROSTHETICS	4	3,290 4		183,090.35 130.00		32.50	.000		32.50		.00
DENTURES, STAYPLATES	28	105		12,497.00		119.02	.002		446.32		.19
SPACE MAINTAINERS	22	27		2,982.00		110.44	.002		135.55		.05
MAXILLOFACIAL SERVICES	9	9		392.00		43.56			43.56		.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	201	246		18,583.75		75.54	.004		92.46		.28
ALL OTHER SERVICES	133	155		2,300.00		14.84	.002		17.29		.04
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURE	S MC	·				DEC		P7	AGE 18,254
MOP024	FEE-FOR-SERVICE	i contract of the contract of	10 110	OIVIII OI IIIIIIIIIII I	010	I ION OAN	2001 111110	יביכ	2001		03/14/05
YUBA COUNTY		ICES FOR CGF 30-3	33 35	5 40 42 3A-3M 3P	3R 3	U 3W 4C-46	3				00,11,00
10211 0001111	COLUMN OF OHIO	1020 1010 001 00 0	. 5 5 5	0 10 12 011 011 01	310 3	0 0,, 10 10		ONT	HLY AVERA	GE -	
65,642 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAY				COST PER
, ===============================	00210	OR DAVE OF CARE					DED EIT				TITCIDIE

PER UNIT/DAY PER ELIG USER

ELIGIBLE

OR DAYS OF CARE

@OPTOMETRIST	723	2,136	\$	46,582.55	\$	21.81	.033	\$	64.43	\$	.71
DIAGNOSTIC AND ANC. PROCED	537	632		24,495.22	)	38.76	.010		45.61		.37
EYE APPLIANCES	536	1,490		21,687.80	)	14.56	.023		40.46		.33
OTHER OPTOMETRIC SERVICES	11	14		399.53	3	28.54	.000		36.32		.01
@CHIROPRACTOR	215	582	\$	9,074.78	\$	15.59	.009	\$	42.21	\$	.14
VISITS	215	582	•	9,074.78		15.59	.009		42.21		.14
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	4	5	Ś	138.00		27.60	.000	Ś	34.50	Ś	.00
MEDICINE/INJECTIONS	3	4	4	120.70		30.18	.000	7	40.23	7	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	1	1		17.30		17.30	.000		17.30		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	238	530	\$	30,356.23		57.28	.008	Ċ	127.55	Ċ	.46
	16	111	\$	1,721.72		15.51	.003		107.61	\$	.03
NURSE ANESTHESIST	59		ې د				.002		827.14		.74
NURSE MIDWIFE		102	ې د	48,801.24		478.44				\$	
PEDIATRIC NURSE PRACTITIONER		0	Ş	.00		.00	.000		.00	\$	.00
FAMILY NURSE PRACTITIONER	1,163	2,692	\$	45,297.90		16.83	.041		38.95	\$	.69
@TOTAL HOSPITAL	4,570	20,908	\$	3,034,588.59			.319	Ş	664.02	Ş	46.23
HOSP INPATIENT TOTAL	416	1,613		2,458,798.49		1524.36	.025		5910.57		37.46
HSC HOSPITALS	70	460		697,293.12		1515.85	.007		9961.33		10.62
NON-HSC HOSPITAL TOTAL	351	1,153		1,761,505.37		1527.76	.018		5018.53		26.84
ACCOMMODATIONS	351	1,153		539,165.78		467.62	.018		1536.08		8.21
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	351	1,153		539,165.78	3	467.62	.018		1536.08		8.21
ANCILLARIES	351	0		1,222,339.59	)	.00	.000		3482.45		18.62
INPATIENT CROSSOVERS	0	0		.00	)	.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00	)	.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	4,342	19,295		575,790.10	)	29.84	.294		132.61		8.77
MEDICAL	1,449	2,039		106,518.51	_	52.24	.031		73.51		1.62
SURGERY	409	512		29,072.86	5	56.78	.008		71.08		.44
PATHOLOGY	1,576	6,028		77,568.76	5	12.87	.092		49.22		1.18
RADIOLOGY	1,576 1,904	2,477		133,217.60		53.78	.038		69.97		2.03
ROOM USE	2,525	3,454		137,682.88		39.86	.053		54.53		2.10
CROSSOVERS/ALL OTH OUTPTNT		4,785		91,729.49		19.17	.073		62.11		1.40
@COUNTY HOSPITAL TOTAL	12	71	\$	2,578.34		36.31	.001	Ś	214.86	Ś	.04
CO HOSPITAL INPATIENT TOTAL		0	•	.00		.00	.000		.00	'	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	Ő		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	12	71		2 <b>,</b> 578.34		36.31	.001		214.86		.04
MEDICAL	6 5	8 5		383.10 206.44		47.89	.000		63.85 41.29		.01
SURGERY	5 4	21				41.29	.000				.00
PATHOLOGY	-			636.01		30.29	.000		159.00		.01
RADIOLOGY	2	2		76.77		38.39	.000		38.39		.00
ROOM USE	10	18		1,055.93		58.66	.000		105.59		.02
CROSSOVERS/ALL OTH OUTPTNT	7	17	DEG 3/6:-	220.09		12.95	.000	D=~	31.44		.00
	MEDI-CAL SERVICES AND		KES MON	TH-OF-PAYMENT	KEPORT	FOR JAN 2004	THRU	DEC	∠004	PA	GE 18,255
MOP024	FEE-FOR-SERVICE/DENTA		22 25	40 40 03 01 05	25 25	. 257 42 42					03/14/05
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65,642 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			OST PER
		OR DAYS OF CARE		PER UNIT/DAY			LIGIBLE
@COMMUNITY HOSPITAL TOTAL	4,559	20 <b>,</b> 837	\$ 3,032,010.25	\$ 145.51			46.19
COMM HOSP INPATIENT TOTAL	416	1,613	2,458,798.49	1524.36	.025	5910.57	37.46
HSC HOSPITALS	70	460	697 <b>,</b> 293.12		.007	9961.33	10.62
NON-HSC HOSPITALS TOTAL	351	1,153	1,761,505.37			5018.53	26.84
ACCOMMODATIONS	351	1,153	539 <b>,</b> 165.78	467.62	.018	1536.08	8.21
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	351	1,153	539 <b>,</b> 165.78	467.62	.018	1536.08	8.21
ANCILLARIES	351	0	1,222,339.59	.00	.000	3482.45	18.62
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4,331	19,224	573,211.76		.293	132.35	8.73
MEDICAL	1,444	2,031	106,135.41	52.26	.031	73.50	1.62
SURGERY	404	507	28,866.42	56.94	.008	71.45	.44
PATHOLOGY	1,572	6 <b>,</b> 007	76,932.75	12.81	.092	48.94	1.17
RADIOLOGY	1,902	2,475	133,140.83	53.79	.038	70.00	2.03
ROOM USE	2,516	3,436	136,626.95	39.76	.052	54.30	2.08
CROSSOVERS/ALL OTH OUTPINT	1,470	4,768	91,509.40	19.19	.073	62.25	1.39
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

----- MONTHLY AVERAGE -----

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	6	9	\$	560.59	\$	62.29	.000	\$	93.43	\$	.01
HOSPITAL BASED	6	9		560.59		62.29	.000		93.43		.01
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2,150	6 <b>,</b> 850	\$	96,288.80	\$	14.06	.104	\$	44.79	\$	1.47
PATHOLOGY	2,150	6 <b>,</b> 850		96,288.80		14.06	.104		44.79		1.47
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	13 <b>,</b> 665	24,036	\$	1,904,889.73	\$	79.25	.366	\$	139.40	\$	29.02
CLINIC	673	3 <b>,</b> 562		76,083.87		21.36	.054		113.05		1.16
SURGICENTER	60	274		9,020.12		32.92	.004		150.34		.14
HEROIN DETOX CLINIC	4	46		535.05		11.63	.001		133.76		.01
RURAL HEALTH CLINIC	13,024	20,154		1,819,250.69		90.27	.307		139.68		27.71
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	JRES N	MONTH-OF-PAYMENT I	REPORT	FOR JAN	2004 THRU	DEC	2004	P.	AGE 18,256
MOP024	FEE-FOR-SERVICE/DE	NTAL									03/14/05
YUBA COUNTY	SUMMARY OF SERVICE	S FOR CGF 30	-33 3	35 40 42 3A-3M 3P	3R 3U	3W 4C-4G					

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 65,642 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 4,275 326,178.93 @ALL OTHER PROVIDERS 22,762 \$ 14.33 .347 \$ 76.30 \$ DURABLE MED. EQUIP. 287 583 42,036.89 72.10 .009 146.47 .64 .00 BLOOD BANK 0 .00 .00 .000 .00 .00 HEARING AID DISPENSERS 0 0 .00 .000 .00 96,289.14 20.98 218.84 MEDICAL TRANSPORTATION 440 4,589 .070 1.47 437 154.23 AMBULANCES/AIR TRANS 4,564 67,400.22 14.77 .070 OTHER TRANS 0 .00 .00 .000 .00 .00 25 28,888.92 OTHER SERVICES 1155.56 .000 1155.56 17.34 26.02 ACUPUNCTURE 12 208.13 .000 ADULT DAY HEALTH CARE CTR 0 .00 .00 .000 .00 .00 105.00 105.00 GENETIC DISEASE TESTING 4,410.00 .001 .07 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .000 .00 OCCUPATIONAL THERAPIST 0 0 .00 .00 .000 .00 .00 18.93 OPTICIAN 580 1,246 10,981.44 8.81 .019 .17 227 3,314.28 14.60 94.69 PHYSICAL THERAPIST .003 .00 0 .000 PORTABLE X-RAY 0 .00 .00 .00 67 PROSTHETIST/ORTHOTISTS 82 6,551.54 79.90 .001 97.78 .10 6,551.54 79.90 97.78 PROSTHETICS .001 0 0 .00 .00 .000 .00 ORTHOTICS .00 4 75.97 PSYCHOLOGIST 1 75.97 18.99 .000 .00 65.36 128.55 15,555.03 SPEECH AND AUDIOLOGY .004 HOSPICE SERVICES .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS 0 0 .00 .00 .000 .00 .00 2,685 14,438 144,847.78 .220 LOCAL EDUCATION AGENCIES 10.03 53.95 EPSDT SUPPLEMENTAL SERVICE 0 .00 .00 .000 .00 .00 0 .00 .00 .00 RESPIRATORY CARE PRACT. .000 .00 PED SUBACUTE REHAB/WEANING .00 .00 .00 .000 ALL OTHER PROVIDERS 91 1,301 1,908.73 1.47 .020 20.98 .03 3,749 179 431,100.67 \$ 114.99 .057 \$ 2408.38 \$ @CALIF. CHILDREN SERVICES\* 6.57 10 @XOVER EXCLUDING STATE HOSP\*\* 428.71 4.76 .001 \$ 42.87 \$ .01

<sup>0\*</sup> Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,257 MOP024 FEE-FOR-SERVICE/DENTAL

YUBA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

IUBA COUNTI	SUMMARY OF SER	VICES FOR CASH GRANT	- TOTAL		MONT	miii	C.D.
111 001 51 555					MON'		
111,801 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
_		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
	75 <b>,</b> 831	1,014,007 \$	39,582,499.23	\$ 39.04	9.070 \$		
@PHYSICIANS SERVICES	17,160	60 <b>,</b> 542 \$	2,018,129.89	\$ 33.33	.542 \$		
OUTPATIENT VISITS	6 <b>,</b> 778	9 <b>,</b> 125	334,252.13	36.63	.082	49.31	2.99
OFFICE VISITS	5 <b>,</b> 845	7,861	266,264.52	33.87	.070	45.55	2.38
HOME VISITS	42	47	2,356.00	50.13	.000	56.10	.02
EMERGENCY ROOM	436	476	28,626.86	60.14	.004	65.66	.26
PREVENTIVE CARE	6	6	236.38	39.40	.000	39.40	.00
OB VISITS/COMPRE PERI	187	259	22,836.17	88.17	.002	122.12	.20
OTHER OUTPATIENT	405	476	13,932.20	29.27	.004	34.40	.12
INPATIENT VISITS	880	3,278	191,363.82	58.38	.029	217.46	1.71
HOSPITAL VISITS	794	2 <b>,</b> 655	120,465.73	45.37	.024	151.72	1.08
CRITICAL CARE	100	498	66,776.95	134.09	.004	667.77	.60
SNF/ICF/TRANS IP CARE	64	125	4,121.14	32.97	.001	64.39	.04
	532	672	26,591.28	39.57	.006	49.98	.24
OPHTHALMOLOGICAL SERVICES		664					
EXAMINATIONS	527		26,395.99	39.75	.006	50.09	.24
SERVICES AND MATERIALS	8	8	195.29	24.41	.000	24.41	.00
INPATIENT HOSPITAL SURGERY	721	3,424	399,292.57	116.62	.031	553.80	3.57
PRINCIPAL SURGEON	509	735	314,833.82	428.35	.007	618.53	2.82
ASSISTANT SURGEON	99	99	19,868.59	200.69	.001	200.69	.18
ANESTHESIOLOGIST	286	2 <b>,</b> 590	64,590.16	24.94	.023	225.84	.58
OUTPATIENT SURGERY	1,007	2,620	227 <b>,</b> 280.97	86.75	.023	225.70	2.03
PRINCIPAL SURGEON	833	1,134	191,494.21	168.87	.010	229.89	1.71
ASSISTANT SURGEON	11	11	1,429.99	130.00	.000	130.00	.01
ANESTHESIOLOGIST	237	1,475	34,356.77	23.29	.013	144.97	.31
DIALYSIS	90	260	23,160.39	89.08	.002	257.34	.21
PATHOLOGY	577	1,157	19,281.07	16.66	.010	33.42	.17
RADIOLOGY	5 <b>,</b> 791	10,212	366,679.21	35.91	.091	63.32	3.28
PSYCHIATRY	7	7	312.49	44.64	.000	44.64	.00
IMMUNIZATION AND INJECTION	339	1,383	18,755.58	13.56	.012	55.33	.17
OTHER SERVICES/ALL X-OVERS	6,366	28,404	411,160.38	14.48	.254	64.59	3.68
@PHARMACY	47,220	427,974 \$	17,292,513.93	\$ 40.41	3.828 \$		
PRESCRIPTION DRUGS	46,639	177,015	16,321,164.37	92.20	1.583	349.95	145.98
SNF/ICF	326	3,224	235,077.99	72.92	.029	721.10	2.10
OUTPATIENTS	46,366	173,791	16,086,086.38	92.56	1.554	346.94	143.88
MEDICAL SUPPLIES	3,811	250,959	971,349.56	3.87	2.245	254.88	8.69
@DENTIST	5,035	25,068 \$		\$ 35.89	.224 \$		
VISITS - DIAGNOSTIC	3,403	15,745	214,632.30	13.63	.141	63.07	1.92
ORAL SURGERY	806	2,046	118,161.00	57.75	.018	146.60	1.06
	99	114		22.85	.010	26.31	.02
DRUGS	99 46		2,605.00				
ANESTHESIA		46	4,580.00	99.57	.000	99.57	.04
PERIODONTICS	166	181	19,539.00	107.95	.002	117.70	.17
ENDODONTICS	373	725	107,369.25	148.10	.006	287.85	.96
RESTORATIVE DENTISTRY	1,619	4,719	273,071.00	57.87	.042	168.67	2.44
PROSTHETICS	21	24	1,140.00	47.50	.000	54.29	.01
DENTURES, STAYPLATES	314	877	126,758.00	144.54	.008	403.69	1.13
SPACE MAINTAINERS	22	27	2,982.00	110.44	.000	135.55	.03
MAXILLOFACIAL SERVICES	12	12	538.00	44.83	.000	44.83	.00
FRACTURES, DISLOCATIONS	1	1	500.00	500.00	.000	500.00	.00
ORTHODONTIC SERVICES	254	321	25 <b>,</b> 258.75	78.69	.003	99.44	.23
ALL OTHER SERVICES	206	230	2,525.00	10.98	.002	12.26	.02

03/14/05

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,258 MOP024 FEE-FOR-SERVICE/DENTAL

03/14/05

YUBA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

YUBA COUNTY	SUMMARY OF SERV	VICES FOR CASH GR	AN'I' -	- TOTAL			.,	O 3 7 EF		<b>~</b> =	
111 001							M			GE.	
111,801 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES							COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	1,890	5 <b>,</b> 509	\$	-,	\$		.049	\$	61.20	\$	
DIAGNOSTIC AND ANC. PROCED	1,091	1,293		48,310.87		37.36	.012		44.28		.43
EYE APPLIANCES	1,468	4,117		64,521.70		15.67	.037		43.95		.58
EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	68	99		2,833.80		28.62	.001		41.67		.03
@CHIROPRACTOR	572	1,694	\$		\$	15.56	.015	\$	46.09	\$	.24
@CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	550	1,694 1,649		25,778.06		15.63	.015		46.87		.23
OTHER SERVICES	22	45		587.64		13.06	.000		26.71		.01
@PODIATRIST	258	331	\$	3,753.70	\$		.003	\$	14.55	\$	.03
MEDICINE/INJECTIONS	57	67		1,718.30		25.65	.001		30.15	·	.02
SURGERY/ANES.	57 2 5 198 533	2		265.45		132.73	.000		132.73		.00
RADIO./PATHOLOGY	5	5		77.85		15.57	.000		15.57		.00
OTHER	198	257		1,692.10		6.58	.002		8.55		.02
@HOME HEALTH AGENCY	533	6,013	\$		\$	41.34	.054	Ś	466.42	Ś	2.22
NURSE ANESTHESIST	42	405	\$		\$		.004		99.29		.04
NURSE MIDWIFE	70	124	\$		\$		.001		844.72		.53
PEDIATRIC NURSE PRACTITIONER	. •	124	\$	57.20	\$	57.20	.000		57.20		.00
		1 5,704	ې د	37.20	ې خ	15 76	.051	ې خ	37.20		.80
FAMILY NURSE PRACTITIONER	10,841	5,704	ې د	89,873.98	Ş	15.76	.051				
@TOTAL HOSPITAL	10,841	55,553	Þ	\$9,875.20  89,875.98  11,410,613.45  9,750,337.59  1,300,282.30  8,207,996.64  2,119,811.47  5,494.21  .00  2,114,317.26  6,088,185.17  242,058.65  .00  1,660,275.86  288,249.48  57,025.82  214,339.15  430,862.44  261,035.31  408,763.66  3,778.41	Ş	205.40	.497	Ş	1052.54	Ş	102.06
HOSP INPATIENT TOTAL	1,319	5,183		9,750,337.59		1881.22	.046		7392.22		87.21
HSC HOSPITALS	159	934		1,300,282.30		1392.17	.008		8177.88		11.63
NON-HSC HOSPITAL TOTAL	896	4,249		8,207,996.64		1931.75	.038		9160.71		73.42
ACCOMMODATIONS	895	4,249		2,119,811.47		498.90	.038		2368.50		18.96
ADMINISTRATIVE DAYS	895 5 0 890 896	25		5,494.21		219.77	.000		9160.71 2368.50 1098.84		.05
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	890	4,224		2,114,317.26		500.55	.038		2375.64		18.91
ANCILLARIES	896	0		6,088,185.17		.00	.000		6794.85		54.46
INPATIENT CROSSOVERS	281	0		242,058.65		.00	.000		861.42		2.17
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	10,079	50,370		1,660,275.86		32.96	.451		164.73		14.85
MEDICAL	3,339	5,604		288,249.48		51.44	.050		86.33 67.25		2.58
SURGERY	848	1,053		57,025.82		54.16	.009		67.25		.51
PATHOLOGY	3 <b>,</b> 679	17,130		214,339.15		12.51	.153		58.26		1.92
RADIOLOGY	4.176	6,064		430.862.44		71.05	.054		103.18		3.85
ROOM USE	4.646	6,469		261 - 035 31		40 35	.058		56.18		2.33
CROSSOVERS/ALL OTH OUTPTNT	4,176 4,646 3,858	14,050		408.763.66		29 09	.126		105.95		3.66
@COUNTY HOSPITAL TOTAL	21	110	Ś	3,778.41	\$	51.44 54.16 12.51 71.05 40.35 29.09 34.35	.001	Ś		Ś	.03
CO HOSPITAL INPATIENT TOTAL	0	0	Ψ	.00	Ψ	00	.000	٧	.00	٧	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
	0	0				.00			.00		.00
ACCOMMODATIONS	0	0		.00			.000				
ADMINISTRATIVE DAYS	· ·	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0			.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0 21	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	21	110		3,778.41		34.35	.001		179.92		.03
MEDICAL	9	12		543.69		45.31	.000		60.41		.00
SURGERY	6	6		210.81		35.14	.000		35.14		.00
PATHOLOGY	5	36		859.03		23.86	.000		171.81		.01

76.77 1**,**161.29 2 2 .000 RADIOLOGY 38.39 38.39 .00 13 21 ROOM USE 55.30 .000 89.33 .01 926.82 28.09 .01 CROSSOVERS/ALL OTH OUTPTNT 12 33 .000 77.24

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 FEE-FOR-SERVICE/DENTAL

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03/14/05

YUBA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

MOP024

TODA COUNTI	SOMMANI OF SERVE	CES FOR CASH GRANT	IOIAL				
111 001 FLIGTPI FG	HOEDO	TNITES OF SERVICE		ATTERNACE COOR			GE
111,801 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		USER	COST PER ELIGIBLE
ACCOMMUNITARY HOCDITARI TOTAL	10,823	OR DAYS OF CARE	11 406 935 04			\$ 1053.94	
	10,823	55,443 \$ 5,183	11,406,835.04	\$ 205.74 1881.22		7392.22	\$ 102.03 87.21
COMM HOSP INPATIENT TOTAL	1,319		9,750,337.59		.046		
HSC HOSPITALS	1,319 159 896 895	934	1,300,282.30	1392.17	.008	8177.88	11.63
NON-HSC HOSPITALS TOTAL	896	4,249	8,207,996.64	1931.75 498.90	.038	9160.71	73.42
ACCOMMODATIONS	895	4,249	2,119,811.47	498.90	.038	2368.50	18.96
ADMINISTRATIVE DAYS	5	25	5,494.21	219.77	.000	1098.84	.05
TRANSITIONAL IP CARE	895 5 0 890 896 281	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	890	4,224	2,114,317.26	500.55	.038	2375.64	18.91
ANCILLARIES	896	0	6,088,185.17	.00	.000	6794.85	54.46
		0	242,058.65	.00	.000	861.42	2.17
ALL OTHER INPATIENT	0	0 0 50 <b>,</b> 260	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	10,061	50 <b>,</b> 260	1,656,497.45	32.96 51.45	.450	164.65	14.82
MEDICAL	3 <b>,</b> 331	5 <b>,</b> 592	287,705.79	51.45	.050	86.37	2.57
SURGERY	842	1,047	56,815.01	54.26	.009	67.48	.51
PATHOLOGY	3 <b>,</b> 674	17,094	213,480.12	12.49	.153	58.11	1.91
RADIOLOGY	4,174	6,062	430,785.67	71.06	.054	103.21	3.85
ROOM USE	4,634	6,448	259,874.02	40.30	.058	56.08	2.32
CROSSOVERS/ALL OTH OUTPINT	3,848	14,017	407,836.84	29.10	.125	105.99	3.65
@STATE HOSPITAL	, 0	0 \$	.00	\$ .00	.000		\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	320	6 <b>,</b> 882 \$	1,178,351.29	\$ 171.22		\$ 3682.35	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	4	100	12,532.00	125.32	.001	3133.00	.11
LEV B-SUBACUTE FREESTANDING	Ō	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	12	365	211,715.45	580.04	.003	17642.95	1.89
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0 304 13	6,417	954,103.84	148.68	.057	3138.50	8.53
@INTERMEDIATE CARE FACILDD	13	396 \$	82,196.73	\$ 207.57		\$ 6322.83	
ICF DDH	0	0	.00	.00	.000	.00	.00
TCE DD	0	0	.00	.00	.000	.00	.00
ICF DDM/DDCN	13	396	82,196.73	207.57	.004	6322.83	.74
@HEMODIALYSIS TOTAL	312	13,963 \$	495,692.45	\$ 35.50		\$ 1588.76	
HOSPITAL BASED	13 312 0	13,903	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	212	13,963	495,692.45	35.50	.125	1588.76	4.43
@REHABILITATION FACILITY	312 18	28 \$	1,392.98		.000		
	16	20 ş 25			.000	81.38	.01
HOSPITAL BASED	2	25 3	1,302.11 90.87	52.08 30.29	.000	45.44	.00
INDEPENDENT FACILITY							
@LABORATORY FACILITY	5,367 5,344	21,294 \$	259,936.29		.190		
PATHOLOGY		21,253	259,630.13	12.22	.190	48.58	2.32
XO AND OTHERS	24	41	306.16	7.47	.000	12.76	.00
@ORGANIZED OUTPATIENT CLINIC		48,557 \$	3,569,146.41	\$ 73.50	.434	•	•
CLINIC	891	5,083	109,027.59	21.45	.045	122.37	.98
SURGICENTER	188	722	34,477.46	47.75	.006	183.39	.31
HEROIN DETOX CLINIC	8	83	981.95	11.83	.001	122.74	.01
	24,685	42,669	3,424,659.41	80.26	.382	138.73	30.63
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES M	ONTH-OF-PAYMENT R	EPORT FOR JAN 2	004 THRU D	EC 2004	PAGE 18,260

TODA COUNTI	SUMMANT OF SEN	VICES FOR CASH GRANT	IOIAL				
					MON		GE
111,801 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	11,717	333 <b>,</b> 969 \$	1,827,246.24	\$ 5.47	2.987	155.95	\$ 16.34
DURABLE MED. EQUIP.	1,153	3 <b>,</b> 258	335,316.00	102.92	.029	290.82	3.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	125	165	16,260.80	98.55	.001	130.09	.15
MEDICAL TRANSPORTATION	1,566	41,759	351,578.25	8.42	.374	224.51	3.14
AMBULANCES/AIR TRANS	1,296	11,985	194,185.25	16.20	.107	149.83	1.74
OTHER TRANS	211	29,331	117,498.49	4.01	.262	556.86	1.05
OTHER SERVICES	127	443	39 <b>,</b> 894.51	90.06	.004	314.13	.36
ACUPUNCTURE	43	96	1,458.02	15.19	.001	33.91	.01
ADULT DAY HEALTH CARE CTR	30	362	25,201.88	69.62	.003	840.06	.23
GENETIC DISEASE TESTING	46	46	4,830.00	105.00	.000	105.00	.04
IHMC, MODEL-NF, NF, AIDS, MSSP	428	11,113	440,320.58	39.62	.099	1028.79	3.94
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,602	3,620	36,528.40	10.09	.032	22.80	.33
PHYSICAL THERAPIST	78	436	6 <b>,</b> 343.69	14.55	.004	81.33	.06
PORTABLE X-RAY	17	28	348.21	12.44	.000	20.48	.00
PROSTHETIST/ORTHOTISTS	232	455	41,594.83	91.42	.004	179.29	.37
PROSTHETICS	231	452	41,568.58	91.97	.004	179.95	.37
ORTHOTICS	1	3	26.25	8.75	.000	26.25	.00
PSYCHOLOGIST	3	9	227.90	25.32	.000	75.97	.00
SPEECH AND AUDIOLOGY	397	1,216	55,800.81	45.89	.011	140.56	.50
HOSPICE SERVICES	42	916	104,768.67	114.38	.008	2494.49	.94
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3,586	41,928	247,497.00	5.90	.375	69.02	2.21
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	3 <b>,</b> 113	228,562	159,171.20	.70	2.044	51.13	1.42
@CALIF. CHILDREN SERVICES*	601	13,198	\$ 1,879,414.07	\$ 142.40	.118	\$ 3127.14 \$	16.81
@XOVER EXCLUDING STATE HOSP**	6,473	48,266	\$ 894,059.99	\$ 18.52	.432	\$ 138.12 \$	8.00

0\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,261 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

VIDA COIMEY	CUMMARY OF CER			TNEANDC	AID CODEC 47	60		03/14/03
YUBA COUNTY	SUMMARY OF SER	VICES FOR 185% PRO	JGRAM .	- INFANTS	AID CODES 47			CD
1 206 BLIGIBLES	HORDO	INTEG OF GERLITOR			317D3 CD COCE		NTHLY AVERA	
1,386 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			COST PER
0.0000	1 001	OR DAYS OF CARE	Ć.	262 010 41	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,001	3,709	\$	363,010.41	\$ 97.87	2.676		
@PHYSICIANS SERVICES	232	658	\$	37,426.73	\$ 56.88	.475		•
OUTPATIENT VISITS	142	201		6,816.43	33.91	.145	48.00	4.92
OFFICE VISITS	134	191		6 <b>,</b> 352.90	33.26	.138	47.41	4.58
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	3	3		181.30	60.43	.002	60.43	.13
PREVENTIVE CARE	3	3		104.07	34.69	.002	34.69	.08
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	4	4		178.16	44.54	.003	44.54	.13
INPATIENT VISITS	23	175		22,461.82	128.35	.126	976.60	16.21
HOSPITAL VISITS	19	39		1,879.62	48.20	.028	98.93	1.36
CRITICAL CARE	6	136		20,582.20	151.34	.098	3430.37	14.85
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	9	20		800.19	40.01	.014	88.91	.58
EXAMINATIONS	9	20		800.19	40.01	.014	88.91	.58
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	7	13		1,842.91	141.76	.009	263.27	1.33
PRINCIPAL SURGEON	5	6		1,592.97	265.50	.004	318.59	1.15
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	7		249.94	35.71	.005	124.97	.18
OUTPATIENT SURGERY	2	8		279.45	34.93	.006	139.73	.20
PRINCIPAL SURGEON	2	2		132.06	66.03	.001	66.03	.10
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	6		147.39	24.57	.004	147.39	.11
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	3	10		466.29	46.63	.007	155.43	.34
RADIOLOGY	61	80		1,005.65	12.57	.058	16.49	.73
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	6	18		166.24	9.24	.013	27.71	.12
OTHER SERVICES/ALL X-OVERS	48	133		3,587.75	26.98	.096	74.74	2.59
@PHARMACY	483	1,154	\$	62,497.88	\$ 54.16	.833		
PRESCRIPTION DRUGS	476	1,107	т	62,201.72	56.19	.799	130.68	44.88
SNF/ICF	4	15		1,079.27	71.95	.011	269.82	.78
OUTPATIENTS	473	1,092		61,122.45	55.97	.788	129.22	44.10
MEDICAL SUPPLIES	19	47		296.16	6.30	.034	15.59	.21
@DENTIST	0	0	\$	.00	\$ .00	.000		
VISITS - DIAGNOSTIC	0	0	۲	.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
	0	0		.00		.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00			.00
RESTORATIVE DENTISTRY	0	0		.00		.000	.00	.00
PROSTHETICS	U	U		.00	.00	.000	.00	.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITURES MON	NTH-OF-PAYMENT REPOR	T FOR JAN 2	004 THRU DE	C 2004	PAGE 18,262
MOP024	FEE-FOR-SERVICE/DENT	TAL					03/14/05
YUBA COUNTY	SUMMARY OF SERVICES	FOR 185% PROGRAM	- INFANTS AI	D CODES 47	69		
					MON	THLY AVERAG	E
1 386 FLICTBLES	HISTRS HINTT	C OF SERVICE	EXDENDITIBES 7/1	FRACE COST I	פעבת/פחדמו	COST PER	COST DEB

YUBA COUNTY	SUMMARY OF SERV	ICES FOR	185% PI	ROGRAM -	INFANTS	ΑI	D CODES 47					
										THLY AVERA	GE.	
1,386 ELIGIBLES	USERS	UNITS OF			EXPENDITURES		ERAGE COST					COST PER
		OR DAYS					R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	1		2	\$	33.44	\$	16.72	.001	\$	33.44	\$	.02
VISITS	1		2		33.44		16.72	.001		33.44		.02
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	26		226	\$	7,879.53	\$	34.87	.163	Ś		\$	5.69
NURSE ANESTHESIST	0		0	\$	.00	\$	.00		\$	.00	\$	.00
NURSE MIDWIFE	0		0	\$	.00	Ś	.00		\$	.00	Ś	.00
PEDIATRIC NURSE PRACTITIONER	•		0	Ś	.00	\$	.00		\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	3		5	Ŝ	143.95	\$	28.79		\$	47.98	\$	.10
@TOTAL HOSPITAL	120		476	\$		\$	329.40	.343		1306.64	\$	113.13
HOSP INPATIENT TOTAL	16		102	Y	146,477.81	Y	1436.06	.074	Y	9154.86	Ÿ	105.68
HSC HOSPITALS	5		84		129,440.00		1540.95	.061		25888.00		93.39
NON-HSC HOSPITAL TOTAL	11		18		17,037.81		946.55	.013		1548.89		12.29
ACCOMMODATIONS	11		18		8,156.32		453.13	.013		741.48		5.88
	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00			.00		
TRANSITIONAL IP CARE	11		18					.000				.00
ALL OTHER ACCOM	11		18		8,156.32		453.13	.013		741.48		5.88
ANCILLARIES			-		8,881.49		.00	.000		807.41		6.41
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	106		374		10,318.75		27.59	.270		97.35		7.44
MEDICAL	37		49		2,823.06		57.61	.035		76.30		2.04
SURGERY	3		3		136.70		45.57	.002		45.57		.10
PATHOLOGY	38		112		1,124.63		10.04	.081		29.60		.81
RADIOLOGY	42		45		1,362.25		30.27	.032		32.43		.98
ROOM USE	70		80		2,848.64		35.61	.058		40.69		2.06
CROSSOVERS/ALL OTH OUTPTNT			85		2,023.47		23.81	.061		50.59		1.46
@COUNTY HOSPITAL TOTAL	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL			0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL	0 0 0	0 0 0	.00 .00 .00	.00	.000 .000 .000	.00	.00 .00 .00
SURGERY	U	U	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
		ES AND EXPENDITURES M	ONTH-OF-PAYMENT RI	EPORT FOR JAN 2	2004 THRU DE	C 2004	
	FEE-FOR-SERVICE						03/14/05
YUBA COUNTY	SUMMARY OF SERV	ICES FOR 185% PROGRA	M - INFANTS	AID CODES 47			
					MON		
1,386 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	120	476 \$		\$ 329.40			\$ 113.13
COMM HOSP INPATIENT TOTAL	16	102	146,477.81	1436.06	.074	9154.86	105.68
HSC HOSPITALS	5	84	129,440.00	1540.95	.061	25888.00	93.39
NON-HSC HOSPITALS TOTAL	11	18	17,037.81	1540.95 946.55 453.13	.013	1548.89	12.29
ACCOMMODATIONS	11	18	8,156.32			741.48	5.88
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	11 11	16 0 0 18 0 0 0	8,156.32	453.13	.013	741.48	5.88
ANCILLARIES	11	0	8,881.49	.00	.000	807.41	6.41
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	106	374	10,318.75	27.59	.270	97.35	7.44
MEDICAL	3 /	49	2,823.06	57.61 45.57	.035	76.30	2.04
SURGERY	3	3	136.70	45.57	.002	45.57	.10
PATHOLOGY	38	112	1,124.63	10.04	.081	29.60	.81
RADIOLOGY	42	45	1,362.25	30.27	.032	32.43	.98
ROOM USE	70	80	2,848.64	35.61	.058	40.69	2.06
CROSSOVERS/ALL OTH OUTPTNT	40	85	2,023.47	23.81	.061	50.59	1.46
@STATE HOSPITAL	0	0 \$	.00		.000 \$		\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$	.00	\$ .00	.000 \$		\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$	• • •	\$ .00	.000 \$		·
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$	.00	\$ .00	.000 \$		\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$	.00	\$ .00	.000 \$		\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	37	68 \$	653.60	\$ 9.61	.049 \$		\$ .47
PATHOLOGY	37	68	653.60	9.61	.049	17.66	. 47
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	579	1,064 \$	94,224.14			162.74	\$ 67.98
CLINIC	1	1	46.82	46.82	.001	46.82	.03
SURGICENTER	0	0	.00	.00 .00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	578	1.063	94,177.32	88.60	.767	162.94	67.95
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR JAN	2004 THRU DE	C 2004	PAGE 18.264
MOP024	FEE-FOR-SERVICE				2001 111110 22	0 2001	03/14/05
YUBA COUNTY		ICES FOR 185% PROGF	PAM - TNEANTS	AID CODES 47	69		03/11/03
1027 00011	DOIMING OF BLICE	TODO FOR TOO FROOF		1110 CODED 17	MON	THIY AVERA	GE
1,386 ELIGIBLES	USERS	UNITS OF SERVICE	EADEMULLIDEG	AVERAGE COST			
1,300 ELIGIBLES	OPERS		EXFENDITORES	PER UNIT/DAY		USER	
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	2.7	OR DAYS OF CARE	2 254 50	- ,	.040 \$		
GALL OTHER PROVIDERS	37	56 \$	3,354.58	\$ 59.90			
DURABLE MED. EQUIP.	30	34	2,804.32	82.48 .00	.025	93.48	2.02
BLOOD BANK	0	0	.00	.00	.000		.00
HEARING AID DISPENSERS	0	0	.00	.00 22.62	.000	.00	
MEDICAL TRANSPORTATION	2	7	158.35		.005	79.18	.11
AMBULANCES/AIR TRANS	2	7	158.35	22.62	.005	79.18	.11
OTHER TRANS	0	0	.00	.00	.000	79.18 79.18 .00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
THMC.MODEL-NE.NE.ATDS.MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
DHYSTCAL THERADIST	0	0	.00	.00	.000	.00	.00
PORTABLE Y-RAV	0	0	.00		.000	.00	.00
	1	1	73.10		.001	73.10	.05
DDOCTUETTCC	1	1	73.10	73.10	.001	73.10	.05
PROSIDETICS	1	0	.00			.00	
DOVOLOGICE	0	10			.000		.00
PSICHOLOGIST	3	1	169.83	16.98	.007	56.61	.12
SPEECH AND AUDIOLOGY	1	1	75.00		.001	/5.00	.05
ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS	U	U	.00	.00	.000	75.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	. 00	• 0 0
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00		.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
1122 0111211 1110 1122110	<u> </u>	3	73.98		.002	24.66	.05
@CALIF. CHILDREN SERVICES*		627 \$		\$ 136.45		3168.62	
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
<pre>@* TOTALS IN THESE LINES ARE</pre>							
THE AMOUNTS ARE ALREADY IN	ICLUDED IN THE AP	PROPRIATE DETAIL LIN	IES ABOVE.				
** THESE DATA ARE INCLUDED I	N THE APPROPRIAT	E DETAIL LINES ABOVE					
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR JAN	2004 THRU DE	C 2004	PAGE 18,265
MOP024	FEE-FOR-SERVICE	/DENTAL					03/14/05
YUBA COUNTY	SUMMARY OF SERV	ICES FOR 185% PROGE	RAM - PREGNANT A	AID CODES 44 48	49		
					MON	THLY AVERA	GE
1,339 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
,		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,243	7,297 \$	1,045,188.26	\$ 143.24	5.450 \$		
@PHYSICIANS SERVICES	513	1,324 \$	140,992.05	\$ 106.49	.989 \$		
OUTPATIENT VISITS	177	266	19,586.38	73.63	.199	110.66	14.63
OFFICE VISITS	52	62	2,582.64	41.66	.046	49.67	1.93
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	4	221.66	55.42	.003	55.42	.17
EPENGENCI KOOPI	4	7	221.00	55.42	.005	JJ.42	• ± /

PREVENTIVE CARE	0	0	.00		.000		.00	.0	0 (
OB VISITS/COMPRE PERI	125	200	16,782.08	83.	91 .149	134	.26	12.5	3
OTHER OUTPATIENT	0	0	.00		.000		.00	.0	0 (
INPATIENT VISITS	83	256	19,273.50	75.	.191	232	.21	14.3	9
HOSPITAL VISITS	76	166	7,279.37	43.	.124	95	.78	5.4	4
CRITICAL CARE	8	90	11,994.13	133.	.067	1499	.27	8.9	16
SNF/ICF/TRANS IP CARE	0	0	.00	•	.000		.00	.0	0 (
OPHTHALMOLOGICAL SERVICES	0	0	.00		.000		.00	.0	10
EXAMINATIONS	0	0	.00		.000		.00	.0	10
SERVICES AND MATERIALS	0	0	.00		.000		.00	.0	10
INPATIENT HOSPITAL SURGERY	130	356	84,860.50	238.	.266	652	.77	63.3	8
PRINCIPAL SURGEON	84	90	72,352.94	803.		861	.34	54.0	14
ASSISTANT SURGEON	21	21	3,826.08	182.	.016	182	.19	2.8	6
ANESTHESIOLOGIST	53	245	8,681.48	35.	43 .183	163	.80	6.4	: 8
OUTPATIENT SURGERY	47	79	3 <b>,</b> 575.09	45.		76	.07	2.6	57
PRINCIPAL SURGEON	4 4	70	3,235.43	46.	.052	73	.53	2.4	:2
ASSISTANT SURGEON	0	0	.00		.000		.00	.0	10
ANESTHESIOLOGIST	3	9	339.66	37.	74 .007	113	.22	. 2	:5
DIALYSIS	0	0	.00		.000		.00	.0	10
PATHOLOGY	18	28	514.02	18.	.021	28	.56	.3	8 8
RADIOLOGY	197	257	10,220.99	39.	77 .192	51	.88	7.6	;3
PSYCHIATRY	0	0	.00		.000		.00	.0	10
IMMUNIZATION AND INJECTION	1	1	20.12	20.		20	.12	.0	12
OTHER SERVICES/ALL X-OVERS	58	81	2,941.45	36.	.060	50	.71	2.2	:0
@PHARMACY	316	565	\$ 20,134.97	\$ 35.	.422	\$ 63	.72	\$ 15.0	14
PRESCRIPTION DRUGS	303	500	15 <b>,</b> 896.06	31.	79 .373	52	.46	11.8	;7
SNF/ICF	0	0	.00		.000		.00	.0	10
OUTPATIENTS	303	500	15 <b>,</b> 896.06	31.	79 .373	52	.46	11.8	;7
MEDICAL SUPPLIES	28	65	4,238.91	65.			.39	3.1	.7
@DENTIST	3	18	\$ 84.00	\$ 4.	.013	\$ 28	.00	\$ .0	16
VISITS - DIAGNOSTIC	2	13	39.00	3.	.010	19	.50	.0	13
ORAL SURGERY	1	1	45.00	45.	.001	45	.00	.0	13

DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	2	4		.00		.00	.003		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV			HIDEC MON	.00 ITH-OF-PAYMENT RI				DEC		Ъ	
			URES MOR	NIH-OF-PAIMENI RI	EPURI	. FOR JAN .	2004 IRU .	DEC	2004	P.	AGE 18,266
MOP024	FEE-FOR-SERVICE		DDOGDAM	DDECMANIE A	TD 00	DEC 44 40	4.0				03/14/05
YUBA COUNTY	SUMMARY OF SERV	/ICES FOR 185%	PROGRAM	- PREGNANT A.	ID CC	DES 44 48		O 3 7 FF		<b>C T</b>	
							M				
1,339 ELIGIBLES	USERS	UNITS OF SERVI		EXPENDITURES			UNITS/DAY				COST PER
		OR DAYS OF CA				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	110	192	Ś	9 <b>,</b> 616.75	Ś	50.09	.143	Ś	87.43	Ś	7.18
NURSE ANESTHESIST	3	20	Š	292.79	\$	14.64		\$	97.60	\$	.22
NURSE MIDWIFE	44	201	¢	28,807.50		143.32	.150		654.72	\$	21.51
PEDIATRIC NURSE PRACTITIONER		0	٥	.00	\$	.00	.000		.00	\$	.00
	. 0	0	ې د			.00			.00		.00
FAMILY NURSE PRACTITIONER	538		Ş	.00	\$		.000				
@TOTAL HOSPITAL		3,626	Ş	795,977.33			2.708	Þ	1479.51	Þ	594.46
HOSP INPATIENT TOTAL	117	546		721,816.71		1322.01	.408		6169.37		539.07
HSC HOSPITALS	14	167		244,567.07		1464.47	.125		17469.08		182.65
NON-HSC HOSPITAL TOTAL	104	379		477,249.64		1259.23	.283		4588.94		356.42
ACCOMMODATIONS	104	379		167,990.84		443.25	.283		1615.30		125.46
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	104	379		167,990.84		443.25	.283		1615.30		125.46
ANCILLARIES	104	0		309 <b>,</b> 258.80		.00	.000		2973.64		230.96
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	473	3,080		74,160.62		24.08	2.300		156.79		55.39
MEDICAL	73	91		4,576.78		50.29	.068		62.70		3.42
SURGERY	32	36		1,404.23		39.01	.027		43.88		1.05
PATHOLOGY	259	815		12,464.37		15.29	.609		48.12		9.31
RADIOLOGY	106	118		6,577.25		55.74	.088		62.05		4.91
ROOM USE	249	559		19,086.94		34.14	.417		76.65		14.25
CROSSOVERS/ALL OTH OUTPINT		1,461		30,051.05		20.57	1.091		129.53		22.44
@COUNTY HOSPITAL TOTAL	2	14	\$	477.47	\$	34.11	.010	Ś	238.74	Ś	.36
CO HOSPITAL INPATIENT TOTAL		0	7	.00	~	.00	.000	7	.00	~	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
1100 11001 I IAII0	U	U		.00		• 0 0	.000		.00		• 0 0

NON HOO HOODIERIO EOERI	0	0		0.0		0.0	0.00	0.0		0.0
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	U	•		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	O	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	2	14		477.47		34.11	.010	238.74		.36
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	1	2		61.20		30.60		61.20		.05
PATHOLOGY	1	4		116.16		29.04	.003	116.16		.09
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	1	4		263.13		65.78	.003	263.13		.20
CROSSOVERS/ALL OTH OUTPINT	2	4		36.98		9.25	.003	18.49		.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDIT	JRES MON	NTH-OF-PAYMENT F	REPORT	' FOR JAN 2	2004 THRU DI	EC 2004	F	AGE 18,267
MOP024	FEE-FOR-SERVICE	E/DENTAL								03/14/05
YUBA COUNTY	SUMMARY OF SERV	/ICES FOR 185% 1	PROGRAM	- PREGNANT A	AID CC	DES 44 48	49			
							MOI		_	
1,339 ELIGIBLES	USERS	UNITS OF SERVI		EXPENDITURES			UNITS/DAYS			COST PER
		OR DAYS OF CAL				- ,	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	536	3,612	\$	795,499.86			2.698	\$ 1484.14	\$	594.10
COMM HOSP INPATIENT TOTAL	117	546		721,816.71		1322.01	.408	6169.37		539.07
HSC HOSPITALS	14	167		244,567.07		1464.47	.125	17469.08		182.65
NON-HSC HOSPITALS TOTAL	104	379		477,249.64		1259.23	.283	4588.94		356.42
ACCOMMODATIONS	104	379		167,990.84		1322.01 1464.47 1259.23 443.25	.283	1615.30		125.46
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	104	379		167,990.84		443.25	.283	1615.30		125.46
ANCILLARIES	104	0		309,258.80		.00	.000	2973.64		230.96
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	471	3,066		73,683.15		24.03	2.290	156.44		55.03
MEDICAL	73	91		4,576.78		50.29	.068	62.70		3.42
SURGERY	31	34		1,343.03		39.50	.025	43.32		1.00
PATHOLOGY	258	811		12,348.21		15.23	.606	47.86		9.22
RADIOLOGY	106	118		6,577.25		55.74	.088	62.05		4.91
ROOM USE	248	555		18,823.81		33.92	.414	75.90		14.06
CROSSOVERS/ALL OTH OUTPINT	230	1,457		30,014.07		20.60	1.088	130.50		22.42
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
LEV A-INTERMEDIATE	0	0		.00	·	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	0	0		.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000		\$	.00
ICF DDH	0	0		.00		.00	.000	.00		.00
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@REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC	0		0	\$	.00	\$	.00	.0	00			.00
HOSPITAL BASED	0		0		.00		.00		00			.00
INDEPENDENT FACILITY	0		0		.00		.00	.0	00			.00
@LABORATORY FACILITY	275		854	\$	13,222.89 13,222.89	\$	15.48	. 6	38	\$ 48.08	\$	9.88
PATHOLOGY	275		854						38	48.08		9.88
XO AND OTHERS	0		0		.00		.00	.0	00	.00		.00
@ORGANIZED OUTPATIENT CLINIC	159		303	\$	.00 27,916.78	\$	92.13	. 2	26	\$ 175.58	\$	20.85
CLINIC	4		15		728.83		48.59	. 0	11	182.21		.54
SURGICENTER	0		0		.00		.00	.0	00	.00		.00
HEROIN DETOX CLINIC	0		0		.00		.00	.0	00	.00		.00
RURAL HEALTH CLINIC	4 0 0 155		288		27,187.95		94.40	.2	15	175.41		20.30
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPE	NDITURE	S MONTH	-OF-PAYMENT F	REPORT	FOR JAN 2	2004 TH	RU D	EC 2004	PA	GE 18,268
MOP024	FEE-FOR-SERVICE	E/DENTAL										03/14/05
YUBA COUNTY	SUMMARY OF SERV	JICES FOR 1	85% PRO	GRAM -	PREGNANT A	AID CO	DES 44 48	49				
									<b>-</b> мс	NTHLY AVERA	GE -	
1,339 ELIGIBLES	USERS	UNITS OF S	ERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/	DAYS	COST PER	С	OST PER
		OR DAYS O	F CARE			PER	UNIT/DAY	PER E	LIG	USER	E	LIGIBLE
@ALL OTHER PROVIDERS	71		194	\$	8,143.20	\$	41.98	.1	45	\$ 114.69	\$	6.08
DURABLE MED. EQUIP.	1		1		99.99		99.99	.0	01	99.99		.07
BLOOD BANK	0		0		.00		.00	.0	00	.00		.00
HEARING AID DISPENSERS	0		0		.00		.00	.0	00	.00		.00
MEDICAL TRANSPORTATION	9		130		1,460.71		11.24	. 0	97	162.30		1.09
AMBULANCES/AIR TRANS	9		130		1,460.71		11.24	. 0	97	162.30 162.30 .00		1.09
OTHER TRANS	0		0		.00		.00	.0	00	.00		.00
OTHER SERVICES	0		0		.00		.00	. 0	00	.00		.00
ACUPUNCTURE	0		0		.00		.00	. 0	0.0	.00		.00
ADULT DAY HEALTH CARE CTR	0		0		.00		.00	.0	0.0	.00		.00
GENETIC DISEASE TESTING	61		62		6.486.00		104.61	. 0	46	106.33		4.84
THMC.MODEL-NF.NF.AIDS.MSSP	0		0		.00		.00	. 0	0.0	.00 .00 106.33		.00
OCCUPATIONAL THERAPIST	Ō		0		0.0		0.0	0	00	.00		.00
OPTICIAN	0		0		.00		. 00	. 0	0.0	. 00		.00
PHYSICAL THERAPIST	Ō		0		0.0		0.0	0	00	.00		.00
PORTABLE X-RAY	Ō		0		0.0		0.0	0	00	00		.00
PROSTHETIST/ORTHOTISTS	1		1		96 50		96 50	0	01	.00 96.50		.07
PROSTHETICS	0		n		00		00	0	00	00		.00
ORTHOTICS	1		1		96 50		96 50	0	0 0 0 1	96 50		.07
PSYCHOLOGIST	0		n		00		00	0	00	.00 96.50 .00		.00
SPEECH AND AUDIOLOGY	0		0		0.0		00	0	0 O	.00		.00
HOSPICE SERVICES	0		0		0.0		00	. 0	nn	.00		.00
NONINST BIRTHING CENTERS	0		0		0.0		00	0	0 O	.00		.00
LOCAL EDUCATION AGENCIES	Ō		0		0.0		0.0	0	00	.00		.00
EPSDT SUPPLEMENTAL SERVICE	Û		0		0.0		00	0	00	.00		.00
RESPIRATORY CARE PRACT	0		0		0.0		00	0	0 O	.00		.00
DED SUBACUTE REHAR/WEANING	0		0		0.0		00	. 0	nn	.00		.00
ALL OTHER PROVIDERS	0		0		0.0		.00	.0	nn	.00		.00
ACTIF CHILDRY SERVICES*	6		850	¢	64 863 58	Ċ	76 31	.0	35	\$ 10810.60	Ċ	48.44
AVOVED EVOLUDING SERVICES	0		0.00	۲ د	04,003.30	¢	70.31	. 0	0 N	\$ .00		
0* TOTAL THE THE TARE ARE	CTITEN AC A CEDAI	DATE THEODMA	י ייד∩או דייי	Y YEM ONTV	.00	Y	.00	• 0	00	٠.00	Y	.00
THE AMOUNTS ARE ALBEADY IN	CINDED IN MAE Y	VAIR INFORMA	ELLYLL L	TMEC AD	, ^;,							
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  1,339 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS @CALIF. CHILDREN SERVICES* @XOVER EXCLUDING STATE HOSP** @* TOTALS IN THESE LINES ARE THE AMOUNTS ARE ALREADY IN ** THESE DATA ARE INCLUDED I #CALIF DEPT OF HEALTH SERV	M THE VDDDUDDING AND THE AND T	TIVOENTATE D	MEG VBV	AAL TIMES WE	√ ν μ •							
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	LE DEIVITE DI	MDIMIIDE MES VDO	OVE.	_OE_DAVMENT E		EOD TAN '	2004 मा	חוו ר	EC 2004	DΛ	CF 10 260
MOP024	FEE-FOR-SERVICE	S / DENENT STO VIAN EVER	MUTIONE	IO MONTU.	OR EWILIDINI L	νώ Ε OK I	FOR UAIN 2	FOO4 IU	IVO L	/EC 2004	rA	GE 18,269 03/14/05
YUBA COUNTY	SUMMARY OF SERVICE		ת מעת=∪	ים גם יחס רי	TIIM DDOCDAM		AID CODE	76				00/14/00
TODA COUNTI	SOUTHART OF SEK	ATCES LOK 0	O-DAI P	OSI PAR	TOM EVORVAM		AID CODE		_ MC	NTHLY AVERA	CF -	
07 ELIGIBLES	USERS	UNITS OF S	FRVICE		EXPENDITURES	7/17	RACE COST			NIHLI AVERA S COST PER		OST PER
01 511615159	ODLKD	ONIIS OF S.		-	PVETINDIIOKĘS		RAGE COSI					USI PER

PER UNIT/DAY PER ELIG USER

ELIGIBLE

OR DAYS OF CARE

@TOTAL, ALL PROVIDERS	30	111 \$	4,412.89	\$ 39.76	15.857	147.10	\$ 630.41
@PHYSICIANS SERVICES	13	15 \$	1,273.88	\$ 84.93	2.143		•
OUTPATIENT VISITS	7	7	303.22	43.32	1.000	43.32	43.32
OFFICE VISITS	2	2	42.10	21.05	.286	21.05	6.01
	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0					
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	U	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	4	4	241.92	60.48	.571	60.48	34.56
OTHER OUTPATIENT	Ţ	1	19.20	19.20	.143	19.20	2.74
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	544.28	544.28	.143	544.28	77.75
PRINCIPAL SURGEON	1	1	544.28	544.28	.143	544.28	77.75
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	2	158.09	79.05	.286	158.09	22.58
PRINCIPAL SURGEON	1	2	158.09	79.05	.286	158.09	22.58
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	3.80	.00	.000	.00	.54
RADIOLOGY	4	5	264.49	52.90	.714	66.12	37.78
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	1	1 \$	4.81	\$ 4.81	.143 \$		
PRESCRIPTION DRUGS	_ 1	1	4.81	4.81	.143	4.81	.69
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	1	1	4.81	4.81	.143	4.81	.69
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$	.00	\$ .00	.000 \$		
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	•					
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	
		-			.000		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		MONTH-OF-PAYMENT R	EPORT FOR JAN 2	UU4 THRU DE	L 2004	PAGE 18,270
MOP024	FEE-FOR-SERVICE/DEI		m Dadmin DDOCDAN	AID CODE	76		03/14/05
YUBA COUNTY	SUMMARY OF SERVICES	o rok ou-day POS	I PAKTUM PKUGKAM	AID CODE		יים מודע אווחוו	CE
07 ELICIDIES	HCEDC INT	IMC OF CEDITOR	EVDENDIBLE		MON		
07 ELIGIBLES		ITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
	Ol	R DAYS OF CARE		PER UNIT/DAY	LEK EPIG	USER	ELIGIBLE

@OPTOMETRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	13	76	\$ 2,231.46	\$ 29.36	10.857	\$ 171.65	\$ 318.78
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	13	76	2,231.46	29.36	10.857	171.65	318.78
MEDICAL	5	8	298.54	37.32	1.143	59.71	42.65
SURGERY	1	1	10.39	10.39	.143	10.39	1.48
PATHOLOGY	4	27	418.71	15.51	3.857	104.68	59.82

RADIOLOGY	5	7	798.71	114.10	1.000	159.74	114.10
ROOM USE	9	10	379.32	37.93	1.429	42.15	54.19
CROSSOVERS/ALL OTH OUTPINT	6	23	325.79	14.16	3.286	54.30	46.54
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES	S MONTH-OF-PAYMENT RE	EPORT FOR JAN 2	004 THRU DE	C 2004	PAGE 18,271
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR	60-DAY PC	ST PARTUM PROGRAM	AID CODE			
					MON	ITHLY AVERAG	E

						M	ONT	'HLY AVERA	GE.	
07 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	13	76	\$ 2,231.46	\$	29.36	10.857	\$	171.65	\$	318.78
COMM HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	13	76	2,231.46		29.36	10.857		171.65		318.78
MEDICAL	5	8	298.54		37.32	1.143		59.71		42.65
SURGERY	1	1	10.39		10.39	.143		10.39		1.48
PATHOLOGY	4	27	418.71		15.51	3.857		104.68		59.82
RADIOLOGY	5	7	798.71		114.10	1.000		159.74		114.10
ROOM USE	9	10	379.32		37.93	1.429		42.15		54.19
CROSSOVERS/ALL OTH OUTPINT	6	23	325.79		14.16	3.286		54.30		46.54
@STATE HOSPITAL	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0	.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0	.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
LEV B-REGULAR	0	0	.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	3	3	\$	56.48	\$	18.83	.429	\$	18.83	\$	8.07
PATHOLOGY	3	3		56.48		18.83	.429		18.83		8.07
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	6	8	\$	684.36	\$	85.55	1.143	\$	114.06	\$	97.77
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	6	8		684.36		85.55	1.143		114.06		97.77
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MO	ONTH-OF-PAYMENT	REPORT	FOR JAN	2004 THRU	DEC	2004	P	AGE 18,272
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR	60-DAY	POST	PARTUM PROGRAM		AID CODE	E 76				

10211 0001111	5011111111 01 5211	. 1020 101. 00 2111 1001	1111(1011 111001111	1112 0022	MON'	THIV AVERA	2F
07 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
07 221012220	ODEIKO	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	3	8 \$	161.90	\$ 20.24	1.143 \$		\$ 23.13
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	8	161.90	20.24	1.143	53.97	23.13
AMBULANCES/AIR TRANS	3	8	161.90	20.24	1.143	53.97	23.13
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,273 FEE-FOR-SERVICE/DENTAL

03/14/05

YUBA COUNTY SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

YUBA COUNTY	SUMMARY OF SER	VICES FOR 185% AND 6	0-DAY PP TOTAL, COI	DES 44 47 48 49			
							GE
2,732 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	2,274	11,117 \$	1,412,611.56	\$ 127.07	4.069		\$ 517.06
@PHYSICIANS SERVICES	758	1 <b>,</b> 997 \$	179,692.66	\$ 89.98	.731	237.06	\$ 65.77
OUTPATIENT VISITS	326	474	26,706.03	56.34	.173	81.92	9.78
OFFICE VISITS	188	255	8,977.64	35.21	.093	47.75	3.29
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	7	7	402.96	57.57	.003	57.57	.15
PREVENTIVE CARE	3	3	104.07	34.69	.001	34.69	.04
OB VISITS/COMPRE PERI	129	204	17,024.00	83.45	.075	131.97	6.23
OTHER OUTPATIENT	5	5	197.36	39.47	.002	39.47	.07
INPATIENT VISITS	106	431	41,735.32	96.83	.158	393.73	15.28
HOSPITAL VISITS	95	205	9,158.99	44.68	.075	96.41	3.35
CRITICAL CARE	14	226	32,576.33	144.14	.083	2326.88	11.92
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	9	20	800.19	40.01	.007	88.91	.29
EXAMINATIONS	9	20	800.19	40.01	.007	88.91	.29
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	138	370	87,247.69	235.80	.135	632.23	31.94
PRINCIPAL SURGEON	90	97	74,490.19	767.94	.036	827.67	27.27
ASSISTANT SURGEON	21	21	3,826.08	182.19	.008	182.19	1.40
ANESTHESIOLOGIST	55	252	8,931.42	35.44	.092	162.39	3.27
OUTPATIENT SURGERY	50	89	4,012.63	45.09	.033	80.25	1.47
PRINCIPAL SURGEON	47	74	3,525.58	47.64	.027	75.01	1.29
ASSISTANT SURGEON	0	, 1	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	15	487.05	32.47	.005	121.76	.18
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	21	38	984.11	25.90	.014	46.86	.36
RADIOLOGY	262	342	11,491.13	33.60	.125	43.86	4.21
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	7	19	186.36	9.81	.007	26.62	.07
OTHER SERVICES/ALL X-OVERS	106	214	6,529.20	30.51	.078	61.60	2.39
@PHARMACY	800	1,720 \$	82,637.66	\$ 48.05	.630		
PRESCRIPTION DRUGS	780	1,608	78,102.59	48.57	.589	100.13	28.59
SNF/ICF	4	15	1,079.27	71.95	.005	269.82	.40
OUTPATIENTS	777	1,593	77,023.32	48.35	.583	99.13	28.19
MEDICAL SUPPLIES	47	112	4,535.07	40.49	.041	96.49	1.66
@DENTIST	3	18 \$	84.00	\$ 4.67	.007		\$ .03
•	2	10 ş 13	39.00	3.00	.005	19.50	.03
VISITS - DIAGNOSTIC	<u> </u>	13		45.00	.000	45.00	.02
ORAL SURGERY	0	0	45.00 .00	.00	.000	.00	.02
DRUGS	0						
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0		.00	.00	.000	.00	.00
ENDODONTICS	U	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	2	4 0	.00	.00	.001	.00	.00
PROSTHETICS	•		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	· · · · · · · · · · · · · · · · · · ·	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,274 MOP024 FEE-FOR-SERVICE/DENTAL

03/14/05

----- MONTHLY AVERAGE -----

YUBA COUNTY SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

							M	ONT	HLY AVERA	GE	
2,732 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	3		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	1	2	\$		\$	16.72	.001	Ċ	33.44	Ċ	.01
	1	2	۲		۲	16.72	.001	۲	33.44	ې	.01
VISITS	1	0		33.44							
OTHER SERVICES	U		_	.00	_	.00	.000	_	.00	_	.00
@PODIATRIST_	0	0	\$	.00	\$	.00	.000	Ş	.00	Ş	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	136	418	\$	17,496.28	\$	41.86	.153	\$	128.65	\$	6.40
NURSE ANESTHESIST	3	20	\$	292.79	\$	14.64	.007	\$	97.60	\$	.11
NURSE MIDWIFE	44	201	\$	28,807.50	\$	143.32	.074	\$	654.72	\$	10.54
PEDIATRIC NURSE PRACTITIONER	0	0	\$			.00	.000	Ś	.00		.00
FAMILY NURSE PRACTITIONER	3	5	\$		\$	28.79	.002		47.98		.05
@TOTAL HOSPITAL	3 671 133	4,178	\$			228.58			1423.26		349.56
HOSP INPATIENT TOTAL	133	648	Ψ	868,294.52	۲	1339 96	.237	٣	6528.53	٧	317.82
HSC HOSPITALS	19	251		374,007.07		1339.96 1490.07 1245.06	.092		19684.58		136.90
	115	397		494,287.45		1490.07	.145		4298.15		180.93
NON-HSC HOSPITAL TOTAL				494,207.43		1243.00					
ACCOMMODATIONS	115	397		176,147.16		443.70	.145		1531.71		64.48
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	115	397		176,147.16 318,140.29 .00 .00		443.70	.145		1531.71 2766.44		64.48
ANCILLARIES	115	0		318,140.29		.00	.000		2766.44		116.45
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	592	3,530		80,710.83		24.56	1.292		146.47		31.74
MEDICAL	115	148		7,698.38		52.02	.054		66.94		2.82
SURGERY	36	40		1,551.32		38.78	.015		43.09		.57
PATHOLOGY	301	954		14,007.71		14.68	.349		46.54		5.13
RADIOLOGY	153 328	170		8,738.21		51.40	.062		57.11		3.20
ROOM IISE	328	649		22,314.90		34.38	.238		68.03		8.17
CROSSOVERS/ALL OTH OUTPTNT	278	1,569		32,400.31		20.65	.574		116.55		11.86
		14	\$		\$		.005	Ś		Ś	.17
CO HOSPITAL INPATIENT TOTAL	0	0	т	.00	т	.00	.000	т	.00	т	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
NON-HOC HOSPITALS TOTAL	0	0				.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00							
ADMINISTRATIVE DAYS	U	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	U		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	2 0 0 0 0 0 0 0 0 0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	2	14		477.47		34.11	.005		238.74		.17
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	1	2		61.20		30.60	.001		61.20		.02
PATHOLOGY	1	4		116.16		29.04	.001		116.16		.04

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	4	263.13	65.78	.001	263.13	.10
CROSSOVERS/ALL OTH OUTPINT	2	4	36.98	9.25	.001	18.49	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2004	THRU DEC	2004	PAGE 18,275
MOP024	FEE-FOR-SERVICE/DENTAL	J					03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FO	OR 185% AND 6	0-DAY PP TOTAL, CODES 44	4 47 48 49 69	76		

						M	ONTHLY AVERA	GE -	
2,732 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COS'	r units/day	S COST PER	C	OST PER
		OR DAYS OF CARE	3		PER UNIT/DA	Y PER ELIG	USER	E	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	669	4,164	\$	954,527.88	\$ 229.23	1.524	\$ 1426.80	\$	349.39
COMM HOSP INPATIENT TOTAL	133	648		868,294.52	1339.96	.237	6528.53		317.82
HSC HOSPITALS	19	251		374,007.07	1490.07	.092	19684.58		136.90
NON-HSC HOSPITALS TOTAL	115	397		494,287.45	1245.06	.145	4298.15		180.93
ACCOMMODATIONS	115	397		176,147.16	443.70	.145	1531.71		64.48
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	115	397		176,147.16	443.70	.145	1531.71		64.48
ANCILLARIES	115	0		318,140.29	.00	.000	2766.44		116.45
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	590	3 <b>,</b> 516		86,233.36	24.53	1.287	146.16		31.56
MEDICAL	115	148		7,698.38	52.02	.054	66.94		2.82
SURGERY	35	38		1,490.12	39.21	.014	42.57		.55
PATHOLOGY	300	950		13,891.55	14.62	.348	46.31		5.08
RADIOLOGY	153	170		8,738.21	51.40	.062	57.11		3.20
ROOM USE	327	645		22,051.77	34.19	.236	67.44		8.07
CROSSOVERS/ALL OTH OUTPTNT	276	1,565		32,363.33	20.68	.573	117.26		11.85
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	315	925	\$	13,932.97	\$	15.06	.339	\$	44.23	\$	5.10
PATHOLOGY	315	925		13,932.97		15.06	.339		44.23		5.10
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	744	1,375	\$	122,825.28	\$	89.33	.503	\$	165.09	\$	44.96
CLINIC	5	16		775.65		48.48	.006		155.13		.28
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	739	1,359		122,049.63		89.81	.497		165.16		44.67
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITU	JRES M	MONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2004 THRU	DEC	2004	PA	GE 18,276
MOP024	FEE-FOR-SERVICE/DENT	ΓAL									03/14/05

----- MONTHLY AVERAGE -----

YUBA COUNTY SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

2,732 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	111	258 \$	•	\$ 45.19	.094 \$		
DURABLE MED. EQUIP.	31	35	2,904.31	82.98	.013	93.69	1.06
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	14	145	1,780.96	12.28	.053	127.21	.65
AMBULANCES/AIR TRANS	14	145	1,780.96	12.28	.053	127.21	.65
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	61	62	6,486.00	104.61	.023	106.33	2.37
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	2	169.60	84.80	.001	84.80	.06
PROSTHETICS	1	1	73.10	73.10	.000	73.10	.03
ORTHOTICS	1	1	96.50	96.50	.000	96.50	.04
PSYCHOLOGIST	3	10	169.83	16.98	.004	56.61	.06
SPEECH AND AUDIOLOGY	1	1	75.00	75.00	.000	75.00	.03
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	3	3	73.98	24.66	.001	24.66	.03
@CALIF. CHILDREN SERVICES*	33	1,477	\$ 150,416.39	\$ 101.84	.541	\$ 4558.07	\$ 55.06
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,277 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

YUBA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16 ----- MONTHLY AVERAGE -----1,056 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 510,370.83 1,060 \$ 30.78 @TOTAL, ALL PROVIDERS 16,583 \$ 15.704 \$ 481.48 \$ 483.31 @PHYSICIANS SERVICES 212 666 Ś 8,900.32 \$ 13.36 .631 \$ 41.98 \$ 8.43 .00 .000 OUTPATIENT VISITS .00 .00 .00 OFFICE VISITS 0 0 .00 .00 .000 .00 .00 .00 .00 HOME VISITS .00 .000 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 .00 .00 0 PREVENTIVE CARE .000 .00 OB VISITS/COMPRE PERI 0 .000 .00 .00 .000 OTHER OUTPATIENT .00 . 00 .00 INPATIENT VISITS .000 .00 .00 HOSPITAL VISITS .000 .00 .00 .00 .00 CRITICAL CARE .000 .00 .00 SNF/ICF/TRANS IP CARE .000 .00 .00 .003 OPHTHALMOLOGICAL SERVICES 24.03 8.01 .02 24.03 .003 8.01 .02 EXAMINATIONS .00 .00 .000 .00 SERVICES AND MATERIALS .00 .00 .00 INPATIENT HOSPITAL SURGERY .000 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 .00 .00 ASSISTANT SURGEON .000 . 00 .00 Ω .00 ANESTHESIOLOGIST .000 .00 .00 OUTPATIENT SURGERY .00 .000 .00 .00 PRINCIPAL SURGEON .00 .000 . 00 Ω .00 .00 .00 . 00 .000 ASSISTANT SURGEON .00 .00 .00 .00 6.92 .00 .000 .00 .000 .00 .000 .69 .009 .00 ANESTHESIOLOGIST .00 .00 DIALYSIS .00 Ω 0 .00 .00 PATHOLOGY 10 6.92 . 01 RADIOLOGY 0 .00 .00 PSYCHIATRY Ō 0 .00 .00 .000 .00 .00 IMMUNIZATION AND INJECTION 653 8,869.37 OTHER SERVICES/ALL X-OVERS 210 12,060 13.58 .618 42.24 8.40 901 321,369.58 \$ 26.65 11.420 \$ 356.68 \$ 304.33 @PHARMACY 313,787.59 80.62 3.686 899 3,892 349.04 PRESCRIPTION DRUGS 231 SNF/ICF 2.3 14,643.39 63.39 .219 636.67 13.87 878 3,661 299,144.20 81.71 3.467 340.71 283.28 OUTPATIENTS MEDICAL SUPPLIES 102 8,168 7,581.99 .93 7.735 74.33 20 103 4,751.00 \$ 46.13 .098 \$ 237.55 \$ @DENTIST 4.50 14 52 630.00 12.12 .049 45.00 VISITS - DIAGNOSTIC . 60 50.63 405.00 .008 202.50 ORAL SURGERY .00 0 .00 .000 .00 .00 DRUGS .00 0 .000 .00 . 00 ANESTHESTA 236.00 .002 118.00 118.00 PERIODONTICS .001 260.00 .018 198.67 1 260.00 260.00 1,192.00 62.74 .25 ENDODONTICS 19 260.00 62.74 RESTORATIVE DENTISTRY 1.13 Ω .00 .000 .00 .00 PROSTHETICS .00

DENTURES, STAYPLATES	6	21	2,028.00	96.57	.020	338.00	1.92
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	004 THRU DE	C 2004	PAGE 18,278
MOP024	FEE-FOR-SERVICE/DENTAI	ı					03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FO	OR TITLE II 1	DISREGARD - AGED	AID CODE	16		

VIDA COUNTRY	CIMMADY OF CEDI		m T m T T T T	T D.T	CDECADD ACED		AID CODE	1.6				03/14/03
YUBA COUNTY	SUMMARY OF SERV	TICES FOR	TITLE 1.	T DT	SREGARD - AGED		AID CODE		^NT⊞	III V ATZEDA	C E	
1,056 ELIGIBLES	USERS	UNITS OF	CEDITOR		EXPENDITURES	7/ 7/ 77		UNITS/DAY				COST PER
1,000 ELIGIBLES	CALCO		OF CARE		EXPENDITORES			PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	27	OK DAID	71	\$	1,222.85	\$	17.22	.067		45.29		1.16
DIAGNOSTIC AND ANC. PROCED	3		3	т	47.50	т	15.83	.003	Ψ.	15.83	Τ.	.04
EYE APPLIANCES	22		60		1,042.82		17.38	.057		47.40		.99
OTHER OPTOMETRIC SERVICES	3		8		132.53		16.57	.008		44.18		.13
@CHIROPRACTOR	0		0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
VISITS	0		0	'	.00	'	.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	34		31	\$	254.80	\$	8.22	.029	\$	7.49	\$	.24
MEDICINE/INJECTIONS	0		0		.00	·	.00	.000		.00	•	.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	34		31		254.80		8.22	.029		7.49		.24
@HOME HEALTH AGENCY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0		0	\$		\$	.00		\$		\$	.00
PEDIATRIC NURSE PRACTITIONER	. 0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	85		192	\$	28,704.25	\$	149.50	.182	\$	337.70	\$	27.18
HOSP INPATIENT TOTAL	29		0		24,352.69		.00	.000		839.75		23.06
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	29		0		24,352.69		.00	.000		839.75		23.06
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	59		192		4,351.56		22.66	.182		73.76		4.12
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT			192		4,351.56		22.66	.182		73.76		4.12
@COUNTY HOSPITAL TOTAL	0		0	\$	.00	\$	.00	.000	Ş	.00	Ş	.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	U		0 0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0				.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	U		U		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURE	ES M	ONTH-OF-PAYMENT RI	EPORT	FOR JAN 2	2004 THRU I	DEC	2004	PP	GE 18,279
MOP024	FEE-FOR-SERVICE	:/DENTAL									03/14/05
YUBA COUNTY	SUMMARY OF SERV	ICES FOR TITLE II	DI	SREGARD - AGED		AID CODE	16				
							MC	TNC	HLY AVERA	GE -	
1,056 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS	3	COST PER		OST PER
		OR DAYS OF CARE			PEF	R UNIT/DAY	PER ELIG		USER	E	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	85	192	\$	28,704.25	\$	149.50	.182	\$	337.70	\$	27.18
COMM HOSP INPATIENT TOTAL	29	0		24,352.69		.00	.000		839.75		23.06
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	29	0		24,352.69		.00	.000		839.75		23.06
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	59	192		4,351.56		22.66	.182		73.76		4.12
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	59	192		4,351.56		22.66	.182		73.76		4.12
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	23	398	\$	72,115.07	\$	181.19	.377	\$	3135.44	\$	68.29
LEV A-INTERMEDIATE	0	0		.00	·	.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	23	398		72,115.07		181.19	.377		3135.44		68.29
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00		\$	.00	\$	.00
ICF DDH	0	0	•	.00		.00	.000		.00		.00
TOT DD	0	0		0.0		0.0	000		0.0		0.0

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ICF DD

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

@REHABILITATION FACILITY

INDEPENDENT FACILITY

HOSPITAL BASED

HOSPITAL BASED

XO AND OTHERS

PATHOLOGY

@LABORATORY FACILITY

.00

.00

.00

.00

.00

.00

11.16

16.45

9.04

281.58

281.58

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11,263.17

11,263.17

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15.62 \$

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417.15

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10.67

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@ORGANIZED OUTPATIENT CLINIC	170	422	\$	16,117.34	\$	38.19		\$ 94.81	\$	15.26
CLINIC	0	0		.00 207.80		.00 69.27	.000	.00		.00
SURGICENTER HEROIN DETOX CLINIC	2	3		.00		.00	.003	103.90		.20 .00
RURAL HEALTH CLINIC	168	410		15,909.54		37.97	.397	94.70		15.07
		419	N D D N	15,909.54 MONTH-OF-PAYMENT R						
#CALIF DEPT OF HEALTH SERV			KES I	MONTH-OF-PAIMENT R	(EPORT	FOR JAN	2004 THRU D	LC 2004	1	PAGE 18,280
MOP024	FEE-FOR-SERVICE		D-			3 TD CODE	1.0			03/14/05
YUBA COUNTY	SUMMARY OF SERV	ICES FOR TITLE 1	.т р.	ISREGARD - AGED		AID CODE		, , , , , , , , , , , , , , , , , , ,	CE	
1 056 BLIGIBLES	HOEDO	INTER OF SERVICE	,		7.77	7.00 0000		NTHLY AVERA	1GE	COCE DED
1,056 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS	COST PER		COST PER
ONLI OMUED DROUTDEDG	260	OR DAYS OF CARE		45 504 24		UNIT/DAY		USER	<u>_</u>	ELIGIBLE
@ALL OTHER PROVIDERS	260	2,593	\$	45,594.34	\$	17.58	2.455	•	Ş	
DURABLE MED. EQUIP.	5	9		4,032.41		448.05	.009	806.48		3.82
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	9	9		311.81		34.65	.009	34.65		.30
MEDICAL TRANSPORTATION	17	773		5,398.47		6.98	.732	317.56		5.11
AMBULANCES/AIR TRANS	0	0		.00		.00	.000	.00		.00
OTHER TRANS	14	734		5,319.65		7.25	.695	379.98		5.04
OTHER SERVICES	6	39		78.82		2.02	.037	13.14		.07
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	65	386		27,752.13		71.90	.366	426.96		26.28
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	19	49		627.04		12.80	.046	33.00		.59
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	1	1		.67		.67	.001	.67		.00
PROSTHETIST/ORTHOTISTS	1	7		64.80		9.26	.007	64.80		.06
PROSTHETICS	1	7		64.80		9.26	.007	64.80		.06
ORTHOTICS	0	0		.00		.00	.000	.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY	3	1		487.13		487.13	.001	162.38		.46

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	156	1,358	6,919.88	5.10	1.286	44.36	6.55
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	441	2,161	\$ 82,167.42	\$ 38.02	2.046	\$ 186.32	\$ 77.81
^			 				

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,281 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

IODA COUNTI	SOMMANT OF SER	AICES FOR IIII	ىد ندر	. DIS	KEGAKD DIIND	AI.	D CODES 20	OA			
									HLY AVERA	.GE	
10 ELIGIBLES	USERS	UNITS OF SERV			EXPENDITURES		ERAGE COST		COST PER		COST PER
		OR DAYS OF (				PE	R UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	11	32	2	\$	2,553.32	\$	79.79	3.200	\$ 232.12	\$	255.33
@PHYSICIANS SERVICES	1		L	\$	38.43	\$	38.43	.100	\$ 38.43	\$	3.84
OUTPATIENT VISITS	0	(	)		.00		.00	.000	.00		.00
OFFICE VISITS	0	(	)		.00		.00	.000	.00		.00
HOME VISITS	0	(	)		.00		.00	.000	.00		.00
EMERGENCY ROOM	0	(	)		.00		.00	.000	.00		.00
PREVENTIVE CARE	0	(	)		.00		.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	(	)		.00		.00	.000	.00		.00
OTHER OUTPATIENT	0	(	)		.00		.00	.000	.00		.00
INPATIENT VISITS	0	(	)		.00		.00	.000	.00		.00
HOSPITAL VISITS	0	(	)		.00		.00	.000	.00		.00
CRITICAL CARE	0	(	)		.00		.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	(	)		.00		.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	1		L		38.43		38.43	.100	38.43		3.84
EXAMINATIONS	1		L		38.43		38.43	.100	38.43		3.84
SERVICES AND MATERIALS	0	(	)		.00		.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	(	)		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	(	)		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	(	)		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	(	)		.00		.00	.000	.00		.00
OUTPATIENT SURGERY	0	(	)		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	(	)		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	(	)		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	(	)		.00		.00	.000	.00		.00
DIALYSIS	0	(	)		.00		.00	.000	.00		.00
PATHOLOGY	0	(	)		.00		.00	.000	.00		.00
RADIOLOGY	0	(	)		.00		.00	.000	.00		.00
PSYCHIATRY	0	(	)		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	(	)		.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	(	)		.00		.00	.000	.00		.00
@PHARMACY	8	23	3	\$	2,113.02	\$	91.87	2.300	\$ 264.13	\$	211.30
PRESCRIPTION DRUGS	7	18	3		1,939.66		107.76	1.800	277.09		193.97
SNF/ICF	0	(	)		.00		.00	.000	.00		.00
OUTPATIENTS	7	18	3		1,939.66		107.76	1.800	277.09		193.97
MEDICAL SUPPLIES	2		5		173.36		34.67	.500	86.68		17.34
@DENTIST	0	(	)	\$	.00	\$	.00	.000	\$ .00	\$	.00
VISITS - DIAGNOSTIC	0	(	)		.00		.00	.000	.00		.00
ORAL SURGERY	0	(	)		.00		.00	.000	.00		.00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DRUGS	0		0			.00		.00	.000		.00		.00
ANESTHESIA	0		0			.00		.00	.000		.00		.00
PERIODONTICS	0		0			.00		.00	.000		.00		.00
ENDODONTICS	0		0			.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0		0			.00		.00	.000		.00		.00
PROSTHETICS	0		0			.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0		0			.00		.00	.000		.00		.00
SPACE MAINTAINERS	0		0			.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0		0			.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0		0			.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0		0			.00		.00	.000		.00		.00
ALL OTHER SERVICES	0		0			.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXI	Ü	RES I	MONTH-OF-F		PORT			DEC		P	AGE 18,282
MOP024	FEE-FOR-SERVICE		LLIVDIIO		.1011111 01 1	TITILITY IXE	11 01(1	TOIL OILL	2001 111110	DLO	2001		03/14/05
YUBA COUNTY	SUMMARY OF SERV		TITLE	TT D	TSREGARD -	- BLIND	ATD	CODES 26	6A				00/11/00
1021 000111	DOINGING OF DELICE.	1010			IONEGIND	DHIND	1111	CODEC 20	M	ONT	HLY AVERA	GE ·	
10 ELIGIBLES	USERS	UNITS OF	SERVICE	E	EXPEN	NDITURES	AVE	RAGE COST	UNITS/DAY		COST PER		COST PER
		OR DAYS						UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$		.00	\$	.00	.000		.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0		Õ	-		.00	т.	.00	.000	т.	.00	4	.00
EYE APPLIANCES	0		0			.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0			.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$		.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0		0	Y		.00	Y	.00	.000	Υ	.00	Ψ.	.00
OTHER SERVICES	0		0			.00		.00	.000		.00		.00
@PODIATRIST	1		0	\$		.00	\$	.00	.000	\$	.00	Ś	.00
MEDICINE/INJECTIONS	0		0	Y		.00	Y	.00	.000	Υ	.00	Ψ.	.00
SURGERY/ANES.	0		0			.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0			.00		.00	.000		.00		.00
OTHER	1		0			.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$		.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0		0	Ś		.00	\$	.00	.000	Ś	.00	\$	.00
NURSE MIDWIFE	0		0	Ś		.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0		0	Ś		.00	\$	.00	.000	\$	.00	Ś	.00
FAMILY NURSE PRACTITIONER	0		0	Ś		.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0		0	Ś		.00	Ś	.00	.000	\$	.00	Ś	.00
HOSP INPATIENT TOTAL	0		0	-		.00	т.	.00	.000	т.	.00	4	.00
HSC HOSPITALS	0		0			.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0			.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0			.00		.00	.000		.00		.00
ANCILLARIES	0		0			.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0			.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	Ö		Ö			.00		.00	.000		.00		.00
MEDICAL	0		0			.00		.00	.000		.00		.00
SURGERY	Ö		0			.00		.00	.000		.00		.00
PATHOLOGY	Õ		0			.00		.00	.000		.00		.00
RADIOLOGY	0		0			.00		.00	.000		.00		.00
ROOM USE	0		0			.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	· ·		0			.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0		0	\$		.00	\$	.00	.000	Ś	.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL			0	Τ.		.00	т	.00	.000	Τ.	.00	Τ.	.00
HSC HOSPITALS	0		0			.00		.00	.000		.00		.00
1100 11001 111110	V		J			• • • •		• • • •	•000		• • •		• • • •

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NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES M					PAGE 18,283
MOP024	FEE-FOR-SERVICE			dioni ion om z	LOOT THING DE	0 2001	03/14/05
YUBA COUNTY		ICES FOR TITLE II DI	SREGARD - BLIND	AID CODES 26	6A		03/11/03
IODA COONII	DOMMANT OF BENV	ICES FOR TITLE II DI	SKEGARD BEIND	AID CODES 20	MON'	THIV AMERA	TF
10 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
IO DDIGIDDO	OBLIND	OR DAYS OF CARE	LZI LIVDI I OKLO	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	OR DATS OF CARE	.00	\$ .00	.000 \$	.00	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
	0	0					
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0					
ACCOMMODATIONS	0	ũ .	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	U	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$	.00	\$ .00	.000 \$	.00	
ICF DDH	0	0	.00	.00	.000	.00	.00
TCL DDU	U	U	.00	.00	.000	.00	.00

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## SPRINGE THROUGH SET 11 STATE OF SET 11 STAT													
THREPHOLOGY FACILITY 0 0 0 5 .00 .00 .00 .00 .00 .00 .00 .00	@REHABILITATION FACILITY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PAREMOLOFY   SCILLITY   0	HOSPITAL BASED	0		0		.00	1	.00	.000		.00		.00
PAREMOLOFY   SCILLITY   0	INDEPENDENT FACILITY	0		0		.00	1	.00	.000		.00		.00
## PATCHOLOGY		0			Ś					Ś		Ś	
NO AND OTHERS		Û			•								
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BESIGN DETOX CLINIC   0		,		0	Ş					Ą		Ą	
### RUBLA DEFOX CLINIC RUBLAY SERVICES AND EXPENDITURES MONTH-OF-AZWENT EFORT FOR JAN 2004 THRU DEC 2004 46.19 ### ACOUNTY COUNTY SUMMARY OF SERVICES FOR TITLE IT DISREGARD = BLIND AND COUNTS SUMMARY OF SERVICES FOR TITLE IT DISREGARD = BLIND AND COUNTS SUMMARY OF SERVICES FOR TITLE IT DISREGARD = BLIND AND COUNTS SUMMARY OF SERVICES FOR TITLE IT DISREGARD = BLIND AND COUNTS SUMMARY OF SERVICES FOR TITLE IT DISREGARD — BLIND AND COUNTS SERVICES FOR TITLE IT DISREGARD — BLIND AND COUNTS SERVICES FOR TITLE IT DISREGARD — BLIND AND COUNTS SERVICES FOR TITLE IT DISREGARD — BLIND AND COUNTS SERVICES FOR TITLE IT DISREGARD — BLIND AND COUNTS SERVICES FOR TITLE IT DISREGARD — BLIND AND COUNTS SERVICES FOR TITLE IT DISREGARD — BLIND AND COUNTS SERVICES FOR TITLE IT DISREGARD — BLIND AND COUNTS SERVICES		0		0									
ACALIF DELTHIC CLINIC   7		U		Ü									
MODIFIED FOR HEALTH SERV   MODIFICAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004   PAGE 18,294   YUBA COUNTY   YUBA COUNTY   SURMARY OF SERVICES FOR TITLE II DISREGARD - BLIND   AID COORS 26 6A		0		0									
MOPO24   FEE-FOR-SERVICE/DENTAL   SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND   AID CODES 26 6A		7											
Time   County   Summary OF Service   First   Time	#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPE	NDITUR	ES MONT	H-OF-PAYMENT	REPOR	RT FOR JAN 2	2004 THRU	DEC	2004	PA	GE 18,284
10 ELIGIBLES	MOP024	FEE-FOR-SERVICE	/DENTAL										03/14/05
## AVERAGE COST UNITS OF SERVICE   EXPENDITURES   AVERAGE COST UNITS OF SERVICE   COST PER ELIGIBLE   COST	YUBA COUNTY	SUMMARY OF SERV	ICES FOR T	ITLE I	I DISRE	GARD - BLIND	ΑI	D CODES 26	6A				
CR DAYS OF CARE									N	THON	HLY AVERA	GE -	
ALL OTHER PROVIDERS	10 ELIGIBLES	USERS	UNITS OF S	ERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAY	rs (	COST PER	C.	OST PER
ALL OTHER PROVIDERS			OR DAYS O	F CARE			PE	R UNIT/DAY	PER ELIC	3	USER	E	LIGIBLE
DURABLE MED. EQUIF. 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	@ALL OTHER PROVIDERS	0			Ś	.00							
BEDOD BANK	-				т					-		7	
## HEARING AID DISPENSERS 0 0 0 0 0 00 00 00 00 00 00 00 00 00 0				0									
MEDICAL TRANSPORTATION 0 0 0 00 00 00 00 00 00 00 00 00 00 00		•		0									
AMBULANCES/AIR TRANS		•		0									
OTHER TRANS OTHER SERVICES OTHER SER				0									
OTHER SERVICES  O O O O O O O O O O O O O O O O O O O	,	-		0									
ADULTOURE ADULT DAY HEALTH CARE CTR 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0		0									
ADULT DAY HEALTH CARE CTR 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .0	OTHER SERVICES	0		0		.00	1	.00	.000		.00		.00
GENETIC DISEASE TESTING 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .0	ACUPUNCTURE	0		0		.00	1	.00	.000		.00		.00
IHMC,MODEL-NF,NF,AIDS,MSSP	ADULT DAY HEALTH CARE CTR	0		0		.00	1	.00	.000		.00		.00
IHMC,MODEL-NF,NF,AIDS,MSSP	GENETIC DISEASE TESTING	0		0		.00	1	.00	.000		.00		.00
OCCUPATIONAL THERAPIST 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0		0		.00	1	.00			.00		.00
OPTICIAN  O		Û		0									
PHYSICAL THERAPIST 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0		0									
PORTABLE X-RAY 0 0 0 0 00 00 00 00 00 00 00 00 PROSTHETIST/ORTHOTISTS 0 0 0 0 00 00 00 00 00 00 00 00 00 00		•		0									
PROSTHETIST/ORTHOTISTS 0 0 0 0 00 00 00 00 00 00 00 00 00 00				0									
PROSTHETICS 0 0 0 0 0 00 00 00 00 00 00 00 00 00 0				0									
ORTHOTICS 0 0 0 0 00 00 00 00 00 00 00 00 00 00				0									
PSYCHOLOGIST 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		-		0									
SPEECH AND AUDIOLOGY 0 0 0 00 .00 .00 .00 .00 .00 .00 .00 .		0		0									
HOSPICE SERVICES 0 0 0 0 0 00 00 00 00 00 00 00 00 00 0	PSYCHOLOGIST	0		0		.00	1	.00	.000		.00		.00
NONINST BIRTHING CENTERS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	SPEECH AND AUDIOLOGY	0		0		.00	1	.00	.000		.00		.00
LOCAL EDUCATION AGENCIES   0	HOSPICE SERVICES	0		0		.00	1	.00	.000		.00		.00
EPSDT SUPPLEMENTAL SERVICE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	NONINST BIRTHING CENTERS	0		0		.00	1	.00	.000		.00		.00
RESPIRATORY CARE PRACT. 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	LOCAL EDUCATION AGENCIES	0		0		.00	1	.00	.000		.00		.00
RESPIRATORY CARE PRACT. 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	EPSDT SUPPLEMENTAL SERVICE	0		0		.00	1	.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0		Ô									
ALL OTHER PROVIDERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0		n									
@CALIF. CHILDREN SERVICES* 0 0 \$ .00		0											
@XOVER EXCLUDING STATE HOSP** 1 0 \$ .00 \$		0			Ċ					ċ		ċ	
0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,285 MOP024 FEE-FOR-SERVICE/DENTAL  YUBA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C  MONTHLY AVERAGE	-	•		-	ې د						.00	ې د	
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,285 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05  YUBA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C  MONTHLY AVERAGE					۶ 		Ş	.00	.000	Ş	.00	Þ	.00
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.  #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,285 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05  YUBA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C  MONTHLY AVERAGE													
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,285 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 YUBA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C MONTHLY AVERAGE						BOVE.							
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 YUBA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C MONTHLY AVERAGE				_									
YUBA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C MONTHLY AVERAGE				NDITUR	ES MONT	H-OF-PAYMENT	REPOR	RT FOR JAN 2	2004 THRU	DEC	2004		
MONTHLY AVERAGE	MOP024												03/14/05
	YUBA COUNTY	SUMMARY OF SERV	ICES FOR T	ITLE I	I DISRE	GARD - DISABL	ED AI	D CODES 36	66 6C				
529 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER									N	TION	HLY AVERA	GE -	
	529 ELIGIBLES	USERS	UNITS OF S	ERVICE		EXPENDITURES	a Av	ERAGE COST	UNITS/DAY	S (	COST PER	C	OST PER

OR DAYS OF CARE

PER UNIT/DAY PER ELIG USER ELIGIBLE

@TOTAL, ALL PROVIDERS	506	9,300	\$ 327,489.24	\$ 35.21	17.580	\$ 647.21	\$ 619.07
@PHYSICIANS SERVICES	96	247	\$ 3,063.31	\$ 12.40	.467	\$ 31.91	\$ 5.79
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	8.01	8.01	.002	8.01	.02
EXAMINATIONS	1	1	8.01	8.01	.002	8.01	.02
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1	102.38	102.38	.002	102.38	.19
PRINCIPAL SURGEON	1	1	102.38	102.38	.002	102.38	.19
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	2	2	17.14	8.57	.004	8.57	.03
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	93	243	2,935.78	12.08	.459	31.57	5.55
@PHARMACY	408	5,841	\$ 265,627.83	\$ 45.48	11.042	\$ 651.05	\$ 502.13
PRESCRIPTION DRUGS	400	2,005	260,083.33	129.72	3.790	650.21	491.65

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	400	2,005	260,083.33	129.72	3.790	650.21	491.65
MEDICAL SUPPLIES	56	3,836	5,544.50	1.45	7.251	99.01	10.48
@DENTIST	28	102 \$	5,022.00	\$ 49.24	.193	\$ 179.36	\$ 9.49
VISITS - DIAGNOSTIC	10	36	535.00	14.86	.068	53.50	1.01
ORAL SURGERY	4	4	175.00	43.75	.008	43.75	.33
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	2	2	236.00	118.00	.004	118.00	.45
ENDODONTICS	1	1	215.00	215.00	.002	215.00	.41
RESTORATIVE DENTISTRY	13	49	2,941.00	60.02	.093	226.23	5.56
PROSTHETICS	1	1	30.00	30.00	.002	30.00	.06
DENTURES, STAYPLATES	4	7	890.00	127.14	.013	222.50	1.68
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	2	.00	.00	.004	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT RE	PORT FOR JAN	2004 THRU 1	DEC 2004	PAGE 18,286

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRO DEC 2004 PAGE 18,286 MOPO24 FEE-FOR-SERVICE/DENTAL 03/14/05

YUBA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

IUBA COUNTI	SUMMARI OF SER	VICES FOR TITLE	I II D	ISKEGARD - DISABLE.	D AI.	D CODES 30				
								THLY AVERA	GΕ	
529 ELIGIBLES	USERS	UNITS OF SERVI		EXPENDITURES		ERAGE COST		COST PER		COST PER
		OR DAYS OF CA	RE		PE	R UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	15	43	\$	820.56	\$	19.08	.081	\$ 54.70	\$	1.55
DIAGNOSTIC AND ANC. PROCED	5	6		201.79		33.63	.011	40.36		.38
EYE APPLIANCES	13	35		617.71		17.65	.066	47.52		1.17
OTHER OPTOMETRIC SERVICES	1	2		1.06		.53	.004	1.06		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
VISITS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	0	0		.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	3	72	\$	2,245.68	\$	31.19	.136	\$ 748.56	\$	4.25
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
@TOTAL HOSPITAL	47	227	\$	11,426.23	\$	50.34	.429	\$ 243.11	\$	21.60
HOSP INPATIENT TOTAL	9	0		7,264.68		.00	.000	807.19		13.73
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	9	0		7,264.68		.00	.000	807.19		13.73
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	40	227		4,161.55		18.33	.429	104.04		7.87
MEDICAL	3	8		351.55		43.94	.015	117.18		.66
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	6	39		468.15		12.00	.074	78.03		.88

1	1		25.12		25.12	.002	2.5	. 12	.05
2	4		138.34		34.59	.008			.26
31	175		3,178.39		18.16	.331	102	.53	6.01
0	0	\$	.00	\$	.00	.000	\$	.00	\$ .00
0	0		.00		.00	.000		.00	.00
0	0		.00		.00	.000		.00	.00
0	0		.00		.00	.000		.00	.00
0	0		.00		.00	.000		.00	.00
0	0		.00		.00	.000		.00	.00
0	0		.00		.00	.000		.00	.00
0	0		.00		.00	.000		.00	.00
0	0		.00		.00	.000		.00	.00
0	0		.00		.00	.000		.00	.00
0	0		.00		.00	.000		.00	.00
0	0		.00		.00	.000		.00	.00
0	0		.00		.00	.000		.00	.00
0	0		.00		.00	.000		.00	.00
0	0		.00		.00	.000		.00	.00
0	0		.00		.00	.000		.00	.00
0	0		.00		.00	.000		.00	.00
0	0		.00		.00	.000		.00	.00
		ES MONTH-C	OF-PAYMENT R	EPORT	FOR JAN	2004 THRU	DEC 2004		PAGE 18,287
FEE-FOR-SERVICE/DENTAL	1								03/14/05
		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 \$ 0	31 175 3,178.39 0 0 \$ .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 0	2 4 138.34 31 175 3,178.39 0 0 \$ .00 \$ 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 0	2	2	2	2

----- MONTHLY AVERAGE -----

YUBA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

529 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		UNITS/DAY	COST PER	COST PER
		OR DAYS OF CARE		UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	47	227	\$ ,	\$ 50.34	.429	\$ 243.11	\$ 21.60
COMM HOSP INPATIENT TOTAL	9	0	7,264.68	.00	.000	807.19	13.73
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	9	0	7,264.68	.00	.000	807.19	13.73
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	40	227	4,161.55	18.33	.429	104.04	7.87
MEDICAL	3	8	351.55	43.94	.015	117.18	.66
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	6	39	468.15	12.00	.074	78.03	.88
RADIOLOGY	1	1	25.12	25.12	.002	25.12	.05
ROOM USE	2	4	138.34	34.59	.008	69.17	.26
CROSSOVERS/ALL OTH OUTPINT	31	175	3,178.39	18.16	.331	102.53	6.01
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	18	32	\$	17,786.10	\$	555.82	.060	\$	988.12	\$	33.62
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	18	32		17,786.10		555.82	.060		988.12		33.62
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	7	37	\$	369.35	\$	9.98	.070	\$	52.76	\$	.70
PATHOLOGY	5	30		332.82		11.09	.057		66.56		.63
XO AND OTHERS	2	7		36.53		5.22	.013		18.27		.07
@ORGANIZED OUTPATIENT CLINIC	105	225	\$	7,936.50	\$	35.27	.425	\$	75.59	\$	15.00
CLINIC	1	2		.69		.35	.004		.69		.00
SURGICENTER	1	1		60.81		60.81	.002		60.81		.11
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	103	222		7,875.00		35.47	.420		76.46		14.89
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITU	RES N	MONTH-OF-PAYMENT RE	EPORT	r for Jan	2004 THRU	DEC	2004	ΡĀ	AGE 18,288
MOP024	FEE-FOR-SERVICE/DENTA	AL									03/14/05
YUBA COUNTY	SUMMARY OF SERVICES 1	FOR TITLE	II DI	ISREGARD - DISABLEI	D AII	CODES 36	66 6C				

----- MONTHLY AVERAGE -----

EXPENDITURES 529 ELIGIBLES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 115 13,191.68 \$ 5.33 @ALL OTHER PROVIDERS 2,474 \$ 4.677 \$ 114.71 \$ 24.94 519.84 DURABLE MED. EQUIP. 4 5 103.97 .009 129.96 4 0 0 23 .00 BLOOD BANK .00 .000 .00 .00 HEARING AID DISPENSERS .000 .00 .00 4.50 2,089 9,403.12 408.83 MEDICAL TRANSPORTATION 3.949 17.78 AMBULANCES/AIR TRANS 55 595.75 595.75 20 439.11 16.60 OTHER TRANS 1,992 8,782.19 OTHER SERVICES 42 8.39 .05 ACUPUNCTURE .00 ADULT DAY HEALTH CARE CTR .00 .00 GENETIC DISEASE TESTING .00 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST .00 .00 343.31 OPTICIAN 15 32 22.89 .65 25.94 PHYSICAL THERAPIST .00 PORTABLE X-RAY .00 PROSTHETIST/ORTHOTISTS .00 .00 .00 PROSTHETICS .00 .00 ORTHOTICS .00 PSYCHOLOGIST .00 .000 .00 .00 .00 SPEECH AND AUDIOLOGY .000 .00 HOSPICE SERVICES .000 .00 .00 0 NONINST BIRTHING CENTERS .00 .000 .00 .00 163 879.32 .308 219.83 LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE 0 .00 .00 .00 .000 .00 0 .00 .00 RESPIRATORY CARE PRACT. .000 .00 .00 0 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 183 2,020.15 ALL OTHER PROVIDERS 22.70 3.82 11.04 .346 2 @CALIF. CHILDREN SERVICES\* 245.00 \$ 122.50 .004 \$ 245.00 \$ 1 .46 @XOVER EXCLUDING STATE HOSP\*\* 181 2,897 34,722.91 \$ 11.99 5.476 \$ 191.84 \$ 65.64

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

YUBA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

YUBA COUNTY	SUMMARY OF SERV	ICES FOR	TITLE 1	-T D	DISREG.	ARD - FAMII	LIES	DISCONT						
										Mo	TИC	HLY AVERA	GΕ	
00 ELIGIBLES	USERS	UNITS OF	SERVICE	3		EXPENDITURI	ES	AVERAGE CO	ST UN	NITS/DAY:	S	COST PER		COST PER
		OR DAYS	OF CARE	3				PER UNIT/D	AY E	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$		. (	00	\$ .00		.000	\$	.00	\$	.00
@PHYSICIANS SERVICES	0		0	Ś		. (	00	\$ .00		.000	\$	.00	\$	.00
OUTPATIENT VISITS	0		Ō				00	.00		.000		.00		.00
OFFICE VISITS	0		0				00	.00		.000		.00		.00
HOME VISITS	0		0				00	.00		.000		.00		.00
	0		0				00	.00		.000				
EMERGENCY ROOM												.00		.00
PREVENTIVE CARE	0		0				00	.00		.000		.00		.00
OB VISITS/COMPRE PERI	0		0				00	.00		.000		.00		.00
OTHER OUTPATIENT	0		0				00	.00		.000		.00		.00
INPATIENT VISITS	0		0			. (	00	.00		.000		.00		.00
HOSPITAL VISITS	0		0			. (	00	.00		.000		.00		.00
CRITICAL CARE	0		0			. (	00	.00		.000		.00		.00
SNF/ICF/TRANS IP CARE	0		0			. (	00	.00		.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0		0				00	.00		.000		.00		.00
EXAMINATIONS	0		0				00	.00		.000		.00		.00
SERVICES AND MATERIALS	0		0				00	.00		.000		.00		.00
INPATIENT HOSPITAL SURGERY	0		0				00	.00		.000		.00		.00
	0		-											
PRINCIPAL SURGEON	•		0				00	.00		.000		.00		.00
ASSISTANT SURGEON	0		0				00	.00		.000		.00		.00
ANESTHESIOLOGIST	0		0				00	.00		.000		.00		.00
OUTPATIENT SURGERY	0		0				00	.00		.000		.00		.00
PRINCIPAL SURGEON	0		0			. (	00	.00		.000		.00		.00
ASSISTANT SURGEON	0		0			. (	00	.00		.000		.00		.00
ANESTHESIOLOGIST	0		0			. (	00	.00		.000		.00		.00
DIALYSIS	0		0			. (	00	.00		.000		.00		.00
PATHOLOGY	0		0			. (	00	.00		.000		.00		.00
RADIOLOGY	0		0				00	.00		.000		.00		.00
PSYCHIATRY	Ő		0				00	.00		.000		.00		.00
IMMUNIZATION AND INJECTION	0		0				00	.00		.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0		0				00	.00		.000		.00		.00
	0			Ċ							Ċ		Ċ	
@PHARMACY	•		0	\$			00	\$ .00		.000	Ş	.00	\$	.00
PRESCRIPTION DRUGS	0		0				00	.00		.000		.00		.00
SNF/ICF	0		0				00	.00		.000		.00		.00
OUTPATIENTS	0		0				00	.00		.000		.00		.00
MEDICAL SUPPLIES	0		0				00	.00		.000		.00		.00
@DENTIST	0		0	\$		. (	00	\$ .00		.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0		0			. (	00	.00		.000		.00		.00
ORAL SURGERY	0		0			. (	00	.00		.000		.00		.00
DRUGS	0		0			. (	00	.00		.000		.00		.00
ANESTHESIA	0		0				00	.00		.000		.00		.00
PERIODONTICS	0		0				00	.00		.000		.00		.00
ENDODONTICS	0		0				00	.00		.000		.00		.00
RESTORATIVE DENTISTRY	0		0				00	.00		.000		.00		.00
	0		0				00							
PROSTHETICS	•							.00		.000		.00		.00
DENTURES, STAYPLATES	0		0				00	.00		.000		.00		.00
SPACE MAINTAINERS	0		0				00	.00		.000		.00		.00
MAXILLOFACIAL SERVICES	0		0				00	.00		.000		.00		.00
FRACTURES, DISLOCATIONS	0		0				00	.00		.000		.00		.00
ORTHODONTIC SERVICES	0		0			. (	00	.00		.000		.00		.00
ALL OTHER SERVICES	0		0			. (	00	.00		.000		.00		.00

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03/14/05

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,290 MOP024 FEE-FOR-SERVICE/DENTAL

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ANCILLARIES

SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

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03	/	1	4	/	0	5	

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YUBA COUNTY ----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST Ω 0 Š .00 \$ .00 .000 \$ .00 \$ .00 .00 .00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .000 .00 .000 .00 EYE APPLIANCES .00 .00 .00 .00 .000 0 .00 .00 OTHER OPTOMETRIC SERVICES 0 .00 .00 \$ .00 \$ Ω Ś @CHIROPRACTOR 0 .00 0 0 0 0 0 0 0 .00 .000 .00 .000 .00 .000 \$ .00 .000 .00 .000 .00 VISITS .00 .00 .00 .00 OTHER SERVICES 0 .00 0 @PODIATRIST .00 \$ .00 \$ .00 .00 .00 MEDICINE/INJECTIONS .00 .00 0 .00 SURGERY/ANES. 0 .00 RADIO./PATHOLOGY .00 .00 .000 .000 \$ .000 \$ .00 .00 OTHER .00 .00 0 0 .00 \$ .00 \$ @HOME HEALTH AGENCY .00 .00 .00 \$ \$ .00 \$ .00 .00 NURSE ANESTHESIST .000 \$ .00 S NURSE MIDWIFE .00 \$ .00 . 00 0 0 \$ .00 \$ PEDIATRIC NURSE PRACTITIONER .00 .00 \$ .00 0 \$ .00 \$ FAMILY NURSE PRACTITIONER 0 .00 .000 \$ .00 \$ .00 0 0 .00 \$ .00 .00 \$ @TOTAL HOSPITAL .000 \$ .00 .00 HOSP INPATIENT TOTAL 0 .00 .000 .00 .00 0 .00 .00 HSC HOSPITALS .000 .00 0 .00 .00 . 00 NON-HSC HOSPITAL TOTAL .000 .00 .00 0 .00 .000 .00 ACCOMMODATIONS 0 0 .00 .00 .00 ADMINISTRATIVE DAYS .000 .00 0 0 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 .00 .00 .000 0 .00 Ω ALL OTHER ACCOM .00

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INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
	0	0					
PATHOLOGY	U	U	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
	0	0					
HSC HOSPITALS	U	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
	0	0	.00		.000	.00	.00
ANCILLARIES	U	U		.00			
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
	0	0					
PATHOLOGY	U	U	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MON	TH-OF-PAYMENT RE	PORT FOR JAN 2	2004 THRU DEC	2004	PAGE 18,291
MOP024	FEE-FOR-SERVICE	/DENTAI.					03/14/05
MOP024	FEE-FOR-SERVICE	•	ECADO - EAMILTES	DISCONTINI	IED		03/14/05
MOP024 YUBA COUNTY		/DENTAL ICES FOR TITLE II DISR	EGARD - FAMILIES	DISCONTINU			
YUBA COUNTY	SUMMARY OF SERV	ICES FOR TITLE II DISR			MON'		GE
		•	EGARD - FAMILIES EXPENDITURES	DISCONTINU	MON'		
YUBA COUNTY	SUMMARY OF SERV	ICES FOR TITLE II DISR			MON'S		GE
YUBA COUNTY	SUMMARY OF SERV	ICES FOR TITLE II DISR UNITS OF SERVICE		AVERAGE COST	MON'S	COST PER	GE COST PER ELIGIBLE
YUBA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL	SUMMARY OF SERV USERS 0	ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00	AVERAGE COST PER UNIT/DAY \$ .00	MONTUNITS/DAYS PER ELIG .000 \$	COST PER USER .00	GE COST PER ELIGIBLE \$ .00
YUBA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	SUMMARY OF SERV USERS	ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES .00	AVERAGE COST PER UNIT/DAY \$ .00	MONTUNITS/DAYS PER ELIG .000 \$ .000	COST PER USER .00 .00	COST PER ELIGIBLE \$ .00
YUBA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	SUMMARY OF SERV USERS 0	ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00	MONTUNITS/DAYS PER ELIG .000 \$ .000	COST PER USER .00 .00	COST PER ELIGIBLE \$ .00 .00 .00
YUBA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	SUMMARY OF SERV USERS 0	ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00	MON' UNITS/DAYS PER ELIG .000 \$ .000 .000	COST PER USER .00 .00 .00 .00	COST PER ELIGIBLE \$ .00 .00 .00 .00
YUBA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	SUMMARY OF SERV USERS 0	ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00	MONTUNITS/DAYS PER ELIG .000 \$ .000	COST PER USER .00 .00 .00 .00	COST PER ELIGIBLE \$ .00 .00 .00
YUBA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	SUMMARY OF SERV USERS 0	ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00	MON' UNITS/DAYS PER ELIG .000 \$ .000 .000	COST PER USER .00 .00 .00 .00	COST PER ELIGIBLE \$ .00 .00 .00 .00
YUBA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	SUMMARY OF SERV USERS 0	ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00	MONTUNITS/DAYS PER ELIG .000 \$ .000 .000 .000	COST PER USER .00 .00 .00 .00	COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00
YUBA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	SUMMARY OF SERV USERS 0	ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00	MON' UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000	COST PER USER .00 .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .
YUBA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	SUMMARY OF SERV USERS 0	ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00	MON' UNITS/DAYS PER ELIG	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .
YUBA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	SUMMARY OF SERV USERS 0	ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON' UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .
YUBA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	SUMMARY OF SERV USERS 0	ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON' UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE  COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
YUBA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	SUMMARY OF SERV USERS 0	ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONY UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .
YUBA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	SUMMARY OF SERV USERS 0	ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON' UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE  COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
YUBA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	SUMMARY OF SERV USERS 0	ICES FOR TITLE II DISR UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONY UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .
YUBA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	SUMMARY OF SERV	UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONY UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE  COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
YUBA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONY UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE  COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
YUBA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONY UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE  COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
YUBA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONY UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE  COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
YUBA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONY UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE  COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
YUBA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONY UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE  COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
YUBA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONY UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE  COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
YUBA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONY UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE  COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
YUBA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  O \$  O 0  O 0  O 0  O 0  O 0  O 0  O 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONY UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
YUBA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  O	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONY UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE  COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
YUBA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  O	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONY UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
YUBA COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  O	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONY UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE  COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MONTE	H-OF-PAYMENT RE	PORT	FOR JAN 200	4 THRU	DEC	2004	PA	GE 18,292
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR	TITLE	II DISREC	GARD - FAMILIES	S I	DISCONTINUED	)				

IOBA COUNTI	SUMMARI OF SERV.	ICES FOR IIILE II DISK	EGARD - FAMILIES	DISCONTING		TIII 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	CE
00 ELIGIBLES	HCEDC	INTEC OF CEDUTCE	EVDENDIBLIDEC	ATTEDACE COOR	MON'	IHLI AVERA COST PER	
00 FFIGIRES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
ONLI OMURD DDOMIDEDO	0	OR DAYS OF CARE	0.0	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
DURABLE MED. EQUIP.	U	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	U	U	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	U	U	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	O	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	0 .000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	0 .000 \$	.00 \$	.00

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,293
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

YUBA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL ----- MONTHLY AVERAGE -----USERS 1,595 ELIGIBLES UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 25,915 \$ 840,413.39 \$ 32.43 914 \$ 12,002.06 \$ 13.13 1,577 .5/3 \$ 38.84 \$ .00 .000 .00 .00 .000 .00 .00 .000 532.92 \$ 526.90 @TOTAL, ALL PROVIDERS \$ 32.43 16.248 \$ .573 \$ 38.84 \$ 7.52 @PHYSICIANS SERVICES 309 .00 OUTPATIENT VISITS .00 OFFICE VISITS .00 HOME VISITS .00 EMERGENCY ROOM
PREVENTIVE CARE
OB VISITS/COMPRE PERI .00 .00 OTHER OUTPATIENT . 00 INPATIENT VISITS .00 HOSPITAL VISITS CRITICAL CARE SNF/ICF/TRANS IP CARE .00 .00 OPHTHALMOLOGICAL SERVICES EXAMINATIONS . 04 SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY .00 PRINCIPAL SURGEON ASSISTANT SURGEON .00 0 ANESTHESIOLOGIST OUTPATIENT SURGERY 1 1 0 0 0 .06 PRINCIPAL SURGEON .06 0 0 0 0 0 0 0 3 12 0 0 0 0 0 303 896 1.317 17,924 5,915 231 ASSISTANT SURGEON ANESTHESIOLOGIST .00 DIALYSIS .00 .00 PATHOLOGY .02 RADIOLOGY .00 PSYCHIATRY .00 .00 .00 .000 IMMUNIZATION AND INJECTION 11,805.15 13.18 OTHER SERVICES/ALL X-OVERS .562 38.96 589,110.43 \$ 32.87 11.238 \$ 447.31 \$ 369.35 @PHARMACY 575, 810.58 97.35 3.708 440.90 14, 643.39 63.39 .145 636.67 561, 167.19 98.73 3.564 436.71 PRESCRIPTION DRUGS SNF/ICF 9.18 OUTPATIENTS 1,285 5,684 351.83 12,009 160 MEDICAL SUPPLIES 13,299.85 1.11 7.529 83.12 9,773.00 \$ 47.67 1,165.00 13.24 .055 580.00 48.33 .008 .00 .00 .000 .00 .00 .000 205 48 9,773.00 \$ 47.67 .129 \$ 203.60 \$ @DENTIST 6.13 VISITS - DIAGNOSTIC 24 88 .055 48.54 ORAL SURGERY 96.67 0 .00 .00 DRUGS .00 . 00 ANESTHESTA PERIODONTICS ENDODONTICS 118.00 475.00 237.50 4,133.00 60.78 237.50 60.78 30.00 .001 237.50 .043 217.53 2 19 .30 RESTORATIVE DENTISTRY 2.59 30.00 .001 30.00 PROSTHETICS . 02

DENTURES, STAYPLATES	10	28	2,918.00	104.21	.018	291.80	1.83
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	2	.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU DEC	2004	PAGE 18,294
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/05
VIIDA COIMTV	CHMMADA OE CEDMICEC EG	סס שדשדה דד ד					

YUBA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

IOBA COUNTI	SUMMARI OF SER	VICES FOR	TITTE 1	דת דו	SREGARD - TOTAL			Mo	ייינער	HIV AMEDA	CF	
1,595 ELIGIBLES	USERS	UNITS OF	SERVICE	7.	EXPENDITURES	AVE	RAGE COST	UNITS/DAY			.GE	COST PER
1,000 1110111110	ОВЫКО	OR DAYS	-					PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	42	OIC BIIIB	114	\$	2,043.41	\$	17.92	.071	Ś	48.65	Ś	1.28
DIAGNOSTIC AND ANC. PROCED	8		9	4	249.29	т.	27.70	.006	7	31.16	-	.16
EYE APPLIANCES	35		95		1,660.53		17.48	.060		47.44		1.04
OTHER OPTOMETRIC SERVICES	4		10		133.59		13.36	.006		33.40		.08
@CHIROPRACTOR	0		0	\$	.00	Ś	.00	.000	Ś	.00	Ś	.00
VISITS	0		0	т	.00	т	.00	.000	Τ.	.00	Τ.	.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	35		31	Ś	254.80	Ś	8.22	.019	Ś	7.28	Ś	.16
MEDICINE/INJECTIONS	0		0	٧	.00	۲	.00	.000	٧	.00	~	.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	35		31		254.80		8.22	.019		7.28		.16
@HOME HEALTH AGENCY	3		72	\$	2,245.68	\$	31.19	.045	¢	748.56	\$	1.41
NURSE ANESTHESIST	0		0	\$	.00	\$	.00	.000	\$	.00	Ś	.00
NURSE MIDWIFE	0		0	\$	.00	Ċ	.00	.000	\$	.00	Ś	.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$	.00	\$	.00		\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0		0	\$ \$	.00	\$	.00		۶ S	.00	Ş S	.00
@TOTAL HOSPITAL	132		419	Ċ	40,130.48	\$	95.78	.263		304.02		25.16
HOSP INPATIENT TOTAL	38		419	ې	31,617.37	۲	.00	.000	ې	832.04	۲	19.82
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	38		0		31,617.37		.00	.000		832.04		19.82
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	99		419		8,513.11		20.32	.263		85.99		5.34
MEDICAL	3		8		351.55		43.94	.005		117.18		.22
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	6		39		468.15		12.00	.024		78.03		.29
RADIOLOGY	1		1		25.12		25.12	.024		25.12		.02
ROOM USE	2		4		138.34		34.59	.001		69.17		.02
CROSSOVERS/ALL OTH OUTPTNT	90		367		7,529.95		20.52	.230		83.67		4.72
@COUNTY HOSPITAL TOTAL	0		0	\$	.00	\$	.00	.000	ċ	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0		0	Ą	.00	Ş	.00	.000	Ş	.00	Ą	.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	U		U		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURE	S MONTH-OF-PAYMENT	REPORT FOR JAN	2004 THRU DE	C 2004	PAGE 18,295
MOP024	FEE-FOR-SERVICE	/DENTAL					03/14/05
YUBA COUNTY	SUMMARY OF SERV	ICES FOR TITLE II	DISREGARD - TOTAL				
					MON	THLY AVERAG	GE
1,595 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		,	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	132	419	\$ 40,130.48	\$ 95.78	.263 \$		\$ 25.16
COMM HOSP INPATIENT TOTAL	38	0	31,617.37	.00	.000	832.04	19.82
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00		.000	.00	.00
INPATIENT CROSSOVERS	38	0	31,617.37	.00	.000	832.04	19.82
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	99	419	8,513.11	20.32	.263	85.99	5.34
MEDICAL	3	8	351.55	43.94	.005	117.18	.22
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	6	39	468.15	12.00	.024	78.03	.29
RADIOLOGY	1	1	25.12	25.12	.001	25.12	.02
ROOM USE	2	4	138.34	34.59	.003	69.17	.09

CROSSOVERS/ALL OTH OUTPTNT	90	367		7,529.95		20.52	.230		83.67		4.72
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	23	398	\$	72,115.07	\$	181.19	.250	\$	3135.44	\$	45.21
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	23	398		72,115.07		181.19	.250		3135.44		45.21
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	45	72	\$	29,049.27	\$	403.46	.045	\$	645.54	\$	18.21
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	45	72		29,049.27		403.46	.045		645.54		18.21
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00	·	.00	.000	•	.00	•	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	12	44	\$	447.46	\$	10.17	.028	\$		\$	.28
PATHOLOGY	7	32		365.72	·	11.43	.020	•	52.25	•	.23
XO AND OTHERS	5	12		81.74		6.81	.008		16.35		.05
@ORGANIZED OUTPATIENT CLINIC	282	655	\$	24,455.71	\$	37.34	.411	\$	86.72	\$	15.33
CLINIC	1	2		.69	·	.35	.001	•	.69	•	.00
SURGICENTER	_ 3	4		268.61		67.15	.003		89.54		.17
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	278	649		24,186.41		37.27	.407		87.00		15.16
#CALIF DEPT OF HEALTH SERV			RES M	ONTH-OF-PAYMENT RI	EPORT			DEC		P.A	AGE 18,296
MOP024	FEE-FOR-SERVICE/										03/14/05
YUBA COUNTY	SUMMARY OF SERVI	CES FOR TITLE	II DI	SREGARD - TOTAL							
							M	ONT	HLY AVERA	GE -	
1,595 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
,		OR DAYS OF CAR	E		PEF	R UNIT/DAY	PER ELIG		USER	E	ELIGIBLE
@ALL OTHER PROVIDERS	375	5,067	\$	58,786.02	\$	11.60	3.177		156.76		36.86
DURABLE MED. EQUIP.	9	14		4,552.25	·	325.16	.009	•	505.81	•	2.85
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	9	9		311.81		34.65	.006		34.65		.20
MEDICAL TRANSPORTATION	40	2,862		14,801.59		5.17	1.794		370.04		9.28
AMBULANCES/AIR TRANS	1	55		595.75		10.83	.034		595.75		.37
OTHER TRANS	34	2,726		14,101.84		5.17	1.709		414.76		8.84
OTHER SERVICES	9	81		104.00		1.28	.051		11.56		.07
3 0111111 011111111	0	0.2		101.00		2.20	000		22.00		0.0

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ACUPUNCTURE

OPTICIAN

ADULT DAY HEALTH CARE CTR

IHMC, MODEL-NF, NF, AIDS, MSSP

GENETIC DISEASE TESTING

OCCUPATIONAL THERAPIST

PROSTHETIST/ORTHOTISTS

SPEECH AND AUDIOLOGY

PHYSICAL THERAPIST

PORTABLE X-RAY

PROSTHETICS

ORTHOTICS

PSYCHOLOGIST

.00

.00

.00

.00

970.35

25.94

.67

64.80

64.80

487.13

.00

.00

27,752.13

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71.90

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11.98

12.97

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9.26

9.26

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426.96

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28.54

25.94

64.80

64.80

162.38

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.67

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.61

.02

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17.40

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	Ö	Ő	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4	163	879.32	5.39	.102	219.83	.55
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	245	1,541	8,940.03	5.80	.966	36.49	5.61
@CALIF. CHILDREN SERVICES*	1	2	\$ 245.00	\$ 122.50	.001	\$ 245.00	\$ .15
@XOVER EXCLUDING STATE HOSP**	623	5,058	\$ 116,890.33	\$ 23.11	3.171	\$ 187.62	\$ 73.29

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,297
MOP024 FEE-FOR-SERVICE/DENTAL
YUBA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

Page	YUBA COUNTY	SUMMARY OF SER	VICES FOR IN HOME	SUE	PPORT - AGED		AID CODE				
CTOTAL, ALL PROVIDERS											
## PRINCIPAL AIL PROVIDERS 935	739 ELIGIBLES	USERS			EXPENDITURES				5		
PHYSICIANS SERVICES			OR DAYS OF CARE			PER		PER ELIG			
OUTPATIENT VISITS 1 1 1 15.47 15.47 .001 15.47 .02 OFFICE VISITS 1 1 1 1 5.47 15.47 .001 15.47 .02 HOME VISITS 0 0 0 0 .00 .00 .000 .000 .00 .00 PEMEGROY ROOM 0 0 0 0 .00 .00 .00 .00 .00 .00 PEMEGROY ROOM 0 0 0 0 .00 .00 .00 .00 .00 .00 PEWENTIVE CARE 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 OF VISITS 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 OFFICE VISITS 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0	@TOTAL, ALL PROVIDERS	935	29 <b>,</b> 059	\$	532,480.12	\$		39.322	\$		\$
OFFICE VISITS 1 1 1 1 15.47 15.47 .001 15.47 .002 .00 .00 .00 .00 .00 .00 .00 .00 .0	@PHYSICIANS SERVICES	176	497	\$	4,977.68	\$		.673	\$	28.28	\$ 6.74
HOME VISITS	OUTPATIENT VISITS	1	1		15.47		15.47	.001		15.47	.02
MERGENCY ROOM	OFFICE VISITS	1	1		15.47		15.47	.001		15.47	.02
PREVENTIVE CARE	HOME VISITS	0	0		.00		.00	.000			.00
OB VISITS/COMPRE PERI 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	EMERGENCY ROOM	0	0				.00	.000			.00
OTHER OUTPATIENT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PREVENTIVE CARE	0	0		.00		.00	.000		.00	.00
INPATIENT VISITS	OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00	.00
HOSPITAL VISITS	OTHER OUTPATIENT	0	0		.00		.00	.000		.00	.00
CRITICAL CARE 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00	INPATIENT VISITS	0	0		.00		.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	HOSPITAL VISITS	0	0		.00		.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES         2         2         2         28.01         14.01         .003         14.01         .04           EXAMINATIONS         2         2         2         28.01         14.01         .003         14.01         .04           SERVICES AND MATERIALS         0         0         .00 </td <td>CRITICAL CARE</td> <td>0</td> <td>0</td> <td></td> <td>.00</td> <td></td> <td>.00</td> <td>.000</td> <td></td> <td>.00</td> <td>.00</td>	CRITICAL CARE	0	0		.00		.00	.000		.00	.00
EXAMINATIONS         2         2         28.01         14.01         .003         14.01         .04           SERVICES AND MATERIALS         0         0         .00	SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00	.00
SERVICES AND MATERIALS         0         0         .00	OPHTHALMOLOGICAL SERVICES	2	2		28.01		14.01	.003		14.01	.04
INPATIENT HOSPITAL SURGENY   0	EXAMINATIONS	2	2		28.01		14.01	.003		14.01	.04
PRINCIPAL SURGEON         0         0         .00         <	SERVICES AND MATERIALS	0	0		.00		.00	.000		.00	.00
ASSISTANT SURGEON 0 0 0 0.00 0.00 0.00 0.00 0.00 0.00 ANESTHESIOLOGIST 0 0 0 0.00 0.00 0.00 0.00 0.00 0.00 0	INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00	.00
ANESTHESIOLOGIST 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PRINCIPAL SURGEON	0	0		.00		.00	.000		.00	.00
OUTPATIENT SURGERY         0         0         .00	ASSISTANT SURGEON	0	0		.00		.00	.000		.00	.00
PRINCIPAL SURGEON         0         0         .00         .00         .00         .00         .00         .00           ASSISTANT SURGEON         0         0         .00	ANESTHESIOLOGIST	0	0		.00		.00	.000		.00	.00
ASSISTANT SURGEON 0 0 0 0.00 .00 .000 .000 .000 .000 ANESTHESIOLOGIST 0 0 0 0 .000 .000 .000 .000 .000 .000	OUTPATIENT SURGERY	0	0		.00		.00	.000		.00	.00
ANESTHESIOLOGIST 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	PRINCIPAL SURGEON	0	0		.00		.00	.000		.00	.00
DIALYSIS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ASSISTANT SURGEON	0	0		.00		.00	.000		.00	.00
PATHOLOGY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ANESTHESIOLOGIST	0	0		.00		.00	.000		.00	.00
RADIOLOGY 4 22 51.47 2.34 .030 12.87 .07 PSYCHIATRY 0 0 0 .00 .00 .00 .000 .00 .00 IMMUNIZATION AND INJECTION 0 0 0 .00 .00 .00 .00 .00 OTHER SERVICES/ALL X-OVERS 171 472 4.882.73 10.34 .639 28.55 6.61 GPHARMACY 738 19,166 \$ 296,636.47 \$ 15.48 25.935 \$ 401.95 \$ 401.40 PRESCRIPTION DRUGS 716 3,727 287,516.13 77.14 5.043 401.56 389.06 SNF/ICF 25 214 10,987.99 51.35 .290 439.52 14.87 OUTPATIENTS 692 3,513 276,528.14 78.72 4.754 399.61 374.19 MEDICAL SUPPLIES 117 15,439 9,120.34 .59 20.892 77.95 12.34 GDENTIST 26 116 \$ 9,161.00 \$ 78.97 .157 \$ 352.35 \$ 12.40 VISITS - DIAGNOSTIC 14 41 631.00 15.39 .055 45.07 .85	DIALYSIS	0	0		.00		.00	.000		.00	.00
PSYCHIATRY         0         0         .00<	PATHOLOGY	0	0		.00		.00	.000		.00	.00
IMMUNIZATION AND INJECTION         0         0         .00	RADIOLOGY	4	22		51.47		2.34	.030		12.87	.07
OTHER SERVICES/ALL X-OVERS 171 472 4,882.73 10.34 .639 28.55 6.61  @PHARMACY 738 19,166 \$ 296,636.47 \$ 15.48 25.935 \$ 401.95 \$ 401.40  PRESCRIPTION DRUGS 716 3,727 287,516.13 77.14 5.043 401.56 389.06  SNF/ICF 25 214 10,987.99 51.35 .290 439.52 14.87  OUTPATIENTS 692 3,513 276,528.14 78.72 4.754 399.61 374.19  MEDICAL SUPPLIES 117 15,439 9,120.34 .59 20.892 77.95 12.34  @DENTIST 26 116 \$ 9,161.00 \$ 78.97 .157 \$ 352.35 \$ 12.40  VISITS - DIAGNOSTIC 14 41 631.00 15.39 .055 45.07 .85	PSYCHIATRY	0	0		.00		.00	.000		.00	.00
@PHARMACY       738       19,166       \$ 296,636.47       \$ 15.48       25.935       \$ 401.95       \$ 401.40         PRESCRIPTION DRUGS       716       3,727       287,516.13       77.14       5.043       401.56       389.06         SNF/ICF       25       214       10,987.99       51.35       .290       439.52       14.87         OUTPATIENTS       692       3,513       276,528.14       78.72       4.754       399.61       374.19         MEDICAL SUPPLIES       117       15,439       9,120.34       .59       20.892       77.95       12.34         @DENTIST       26       116       \$ 9,161.00       \$ 78.97       .157       \$ 352.35       \$ 12.40         VISITS - DIAGNOSTIC       14       41       631.00       15.39       .055       45.07       .85	IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00	.00
PRESCRIPTION DRUGS       716       3,727       287,516.13       77.14       5.043       401.56       389.06         SNF/ICF       25       214       10,987.99       51.35       .290       439.52       14.87         OUTPATIENTS       692       3,513       276,528.14       78.72       4.754       399.61       374.19         MEDICAL SUPPLIES       117       15,439       9,120.34       .59       20.892       77.95       12.34         @DENTIST       26       116       \$       9,161.00       \$       78.97       .157       \$       352.35       \$       12.40         VISITS - DIAGNOSTIC       14       41       631.00       15.39       .055       45.07       .85	OTHER SERVICES/ALL X-OVERS	171	472		4,882.73		10.34	.639		28.55	6.61
SNF/ICF     25     214     10,987.99     51.35     .290     439.52     14.87       OUTPATIENTS     692     3,513     276,528.14     78.72     4.754     399.61     374.19       MEDICAL SUPPLIES     117     15,439     9,120.34     .59     20.892     77.95     12.34       @DENTIST     26     116     \$ 9,161.00     \$ 78.97     .157     \$ 352.35     \$ 12.40       VISITS - DIAGNOSTIC     14     41     631.00     15.39     .055     45.07     .85	@PHARMACY			\$		\$			\$		\$
OUTPATIENTS       692       3,513       276,528.14       78.72       4.754       399.61       374.19         MEDICAL SUPPLIES       117       15,439       9,120.34       .59       20.892       77.95       12.34         @DENTIST       26       116       \$       9,161.00       \$       78.97       .157       \$       352.35       \$       12.40         VISITS - DIAGNOSTIC       14       41       631.00       15.39       .055       45.07       .85	PRESCRIPTION DRUGS	716	3 <b>,</b> 727		287,516.13		77.14	5.043		401.56	389.06
MEDICAL SUPPLIES     117     15,439     9,120.34     .59     20.892     77.95     12.34       @DENTIST     26     116     \$     9,161.00     \$     78.97     .157     \$     352.35     \$     12.40       VISITS - DIAGNOSTIC     14     41     631.00     15.39     .055     45.07     .85	SNF/ICF				10,987.99						
@DENTIST       26       116 \$ 9,161.00 \$ 78.97       .157 \$ 352.35 \$ 12.40         VISITS - DIAGNOSTIC       14       41       631.00 15.39       .055 45.07 .85	OUTPATIENTS	692	3 <b>,</b> 513		276,528.14		78.72	4.754		399.61	
VISITS - DIAGNOSTIC 14 41 631.00 15.39 .055 45.07 .85	MEDICAL SUPPLIES		15 <b>,</b> 439		9,120.34		.59	20.892			12.34
	@DENTIST		116	\$	•	\$			\$		\$
ORAL SURGERY 6 9 598.00 66.44 .012 99.67 .81	VISITS - DIAGNOSTIC		41		631.00		15.39			45.07	.85
	ORAL SURGERY	6	9		598.00		66.44	.012		99.67	.81

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DRUGS	1	1		.00		.00	.001		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	6	19		1,643.00		86.47	.026		273.83		2.22
PROSTHETICS	1	1		30.00		30.00	.001		30.00		.04
DENTURES, STAYPLATES	11	45		6,259.00		139.09	.061		569.00		8.47
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00			.00		
ORTHODONTIC SERVICES	0	•					.000				.00
ALL OTHER SERVICES	0	0	- N	.00		.00	.000	DEC	.00	ъ.	.00
#CALIF DEPT OF HEALTH SERV			ES M	MONTH-OF-PAYMENT RE	EPORT .	FOR JAN 2	2004 THRU	DEC	2004	PF	AGE 18,298
MOP024	FEE-FOR-SERVICE		0115	2000			1.0				03/14/05
YUBA COUNTY	SUMMARY OF SERV	ICES FOR IN HOME	SUF	PPORT - AGED	4	AID CODE		40 N T III		C.E.	
720 811618189	HOEDO	INITES OF SERVICE			71700	A CE COCE			HLY AVERA		
739 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY		COST PER		COST PER
0.0000000000000000000000000000000000000	1.0	OR DAYS OF CARE		0.67 0.1		JNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	18	46	\$	867.01	\$	18.85	.062	Ş	48.17	Ş	1.17
DIAGNOSTIC AND ANC. PROCED	4	4		126.89		31.72	.005		31.72		.17
EYE APPLIANCES	15	41		713.67		17.41	.055		47.58		.97
OTHER OPTOMETRIC SERVICES	1	1		26.45		26.45	.001		26.45		.04
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$		\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	Ü	0	_	.00	_	.00	.000	_	.00	_	.00
@PODIATRIST	9	5	\$	5.22	\$	1.04	.007	\$		\$	.01
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	9	5		5.22		1.04	.007		.58		.01
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	65	131	\$	26,210.76	\$	200.08	.177	\$	403.24	\$	35.47
HOSP INPATIENT TOTAL	29	0		22 <b>,</b> 762.87		.00	.000		784.93		30.80
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	29	0		22,762.87		.00	.000		784.93		30.80
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	36	131		3,447.89		26.32	.177		95.77		4.67
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
DADTOLOGY	0	^		0.0		0.0	000		0.0		0.0

RADIOLOGY

@COUNTY HOSPITAL TOTAL

HSC HOSPITALS

CROSSOVERS/ALL OTH OUTPINT

CO HOSPITAL INPATIENT TOTAL

ROOM USE

0

0

0

0

36

0

0

0

0

\$

131

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3,447.89

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95.77

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4.67

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	•					PAGE 18,299
MOP024	FEE-FOR-SERVICE/DENTA		MONIH-OF-PAIMENT RE	PORT FOR JAN 2	.004 IRRO DEC	2004	03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FO		DDODE ACED	AID CODE	1.0		03/14/03
IOBA COUNTI	SUMMARI OF SERVICES FO	OR IN HOME 50	PPORI - AGED	AID CODE	MONT	ווד ע אוודה או	급
739 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES	AVERAGE COST		nli averac COST PER	COST PER
/39 ELIGIBLES			EXPENDITORES	PER UNIT/DAY		USER	
ACCOMMINITED HOODIEST HORST	65	AYS OF CARE 131 \$	26 210 76	\$ 200.08	.177 \$	403.24	ELIGIBLE \$ 35.47
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	29	121 3	26,210.76	.00	.000	784.93	30.80
HSC HOSPITALS	29	0	22,762.87	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
	0	0				.00	.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0	0		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00
ALL OTHER ACCOM	0	0	.00			.00	.00
ANCILLARIES	29	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	29	•	22,762.87	.00	.000	784.93	30.80
ALL OTHER INPATIENT	· ·	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	36 0	131 0	3,447.89	26.32	.177	95.77	4.67
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	•	.00	.00	.000	.00	.00
ROOM USE	36	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0 0	131	3,447.89	26.32	.177	95.77	4.67
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$		\$ .00
MENTALLY ILL	· ·	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	47 0	808 \$	127,176.06	\$ 157.40	1.093 \$	2705.87	
LEV A-INTERMEDIATE	U	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	U	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	U	U	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	U	0	.00	.00	.000	.00	.00

0

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3,606.12

127,176.06

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721.22 \$

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721.22

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2705.87

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4.88

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4.88

172.09

LEV B-TRANSITIONAL IP CARE

@INTERMEDIATE CARE FACIL.-DD

LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

0

0

0

0

0

5

0

47

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2	4	\$	36.28	\$	9.07	.005	\$	18.14	\$	.05
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	2	4		36.28		9.07	.005		18.14		.05
@ORGANIZED OUTPATIENT CLINIC	138	288	\$	7,642.46	\$	26.54	.390	\$	55.38	\$	10.34
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	6	6		1,049.83		174.97	.008		174.97		1.42
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	132	282		6,592.63		23.38	.382		49.94		8.92
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURE	ES M	ONTH-OF-PAYMENT I	REPOR	T FOR JAN	2004 THRU 1	DEC 2	2004	PP	AGE 18,300
MOP024	FEE-FOR-SERVICE	/DENTAL									03/14/05
YUBA COUNTY	SUMMARY OF SERV	ICES FOR IN HOME	SUP	PORT - AGED		AID CODE	18				
							MO	ONTHI	Y AVERA	GE -	
739 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAYS	s cc	ST PER		COST PER
		OR DAYS OF CARE				R UNIT/DAY	PER ELIG		USER	E	ELIGIBLE
@ALL OTHER PROVIDERS	321	7 <b>,</b> 991	\$	56,161.06	\$	7.03	10.813	\$	174.96	\$	76.00
DURABLE MED. EQUIP.	13	23		5,789.14		251.70	.031		445.32		7.83
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	1	1		25.00		25.00	.001		25.00		.03
MEDICAL TRANSPORTATION	19	2,208		7,812.64		3.54	2.988		411.19		10.57
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	16	2,191		7,720.19		3.52	2.965		482.51		10.45
OTHER SERVICES	4	17		92.45		5.44	.023		23.11		.13
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	62	484		27,404.43		56.62	.655		442.01		37.08
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	17	43		512.91		11.93	.058		30.17		.69
PHYSICAL THERAPIST	1	1		.81		.81	.001		.81		.00

1	1		.30		.30	.001		.30		.00
3	15		129.88		8.66	.020		43.29		.18
3	15		129.88		8.66	.020		43.29		.18
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
2	5		209.50		41.90	.007		104.75		.28
3	42		4,772.04		113.62	.057	1	1590.68		6.46
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
244	5,168		9,504.41		1.84	6.993		38.95		12.86
0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
414	2,994	\$	80,715.75	\$	26.96	4.051	\$	194.97	\$	109.22
	0	0 0	0 \$	3     15     129.88       3     15     129.88       0     0     .00       0     0     .00       2     5     209.50       3     42     4,772.04       0     0     .00       0     0     .00       0     0     .00       0     0     .00       0     0     .00       244     5,168     9,504.41       0     \$     .00	3 15 129.88 3 15 129.88 0 0 0 .00 0 0 .00 2 5 209.50 3 42 4,772.04 0 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 244 5,168 9,504.41 0 0 \$ .00 \$	3       15       129.88       8.66         3       15       129.88       8.66         0       0       .00       .00         0       0       .00       .00         2       5       209.50       41.90         3       42       4,772.04       113.62         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         244       5,168       9,504.41       1.84         0       \$       .00       \$	3       15       129.88       8.66       .020         3       15       129.88       8.66       .020         0       0       .00       .00       .000         0       0       .00       .00       .000         2       5       209.50       41.90       .007         3       42       4,772.04       113.62       .057         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         244       5,168       9,504.41       1.84       6.993         0       0       \$       .00       \$       .00	3       15       129.88       8.66       .020         3       15       129.88       8.66       .020         0       0       .00       .00       .000         0       0       .00       .00       .000         2       5       209.50       41.90       .007         3       42       4,772.04       113.62       .057       1         0       0       .00       .00       .000       .000         0       0       .00       .00       .000       .000         0       0       .00       .00       .000       .000         0       0       .00       .00       .000       .000         0       0       .00       .00       .000       .000         0       0       .00       .00       .000       .000         244       5,168       9,504.41       1.84       6.993         0       0       \$       .00       \$       .00       .000	3       15       129.88       8.66       .020       43.29         3       15       129.88       8.66       .020       43.29         0       0       .00       .00       .000       .00         0       0       .00       .00       .00       .00         2       5       209.50       41.90       .007       104.75         3       42       4,772.04       113.62       .057       1590.68         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         244       5,168       9,504.41       1.84       6.993       38.95         0       0       \$       .00       \$       .00       .00       \$	3       15       129.88       8.66       .020       43.29         3       15       129.88       8.66       .020       43.29         0       0       .00       .00       .000       .00         0       0       .00       .00       .00       .00         2       5       209.50       41.90       .007       104.75         3       42       4,772.04       113.62       .057       1590.68         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         244       5,168       9,504.41       1.84       6.993       38.95         0       0       \$       .00       \$       .00       .00       \$

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,301 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

IUDA COUNTI	SUMMAKI OF SEK	VICES FOR IN HOME SOI	FORT - DITIND	AID CODE	20		
					MON	THLY AVERAC	E
28 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	32	2,406 \$	39,868.39	\$ 16.57	85.929 \$	1245.89	\$ 1423.87
@PHYSICIANS SERVICES	13	54 \$	465.03	\$ 8.61	1.929 \$	35.77	\$ 16.61
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	13	54	465.03	8.61	1.929	35.77	16.61
@PHARMACY	25	419 \$	14,374.40	\$ 34.31	14.964 \$	574.98	\$ 513.37
PRESCRIPTION DRUGS	22	106	13,900.89	131.14	3.786	631.86	496.46

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	22	106		13,900.89	131.14	3.786	631.86	4	196.46
MEDICAL SUPPLIES	5	313		473.51	1.51	11.179	94.70		16.91
@DENTIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00		.00
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITURE	S MONTH-	OF-PAYMENT REI	PORT FOR JAN	N 2004 THRU	DEC 2004	PAGE	E 18,302
MOP024	FEE-FOR-SERVICE/DENTAL							(	03/14/05

YUBA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

IUDA COUNTI	SUMMAKI OF SEK	VICES FOR IN HOME	SUF	FORT - PHIND		AID CODE	2.0				
							M	ONT	HLY AVERA	GΕ	
28 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV:	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PE:	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	2	1	\$	18.10	\$	18.10	.036	\$	9.05	\$	.65
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	2	1		18.10		18.10	.036		9.05		.65
@HOME HEALTH AGENCY	5	247	\$	7,552.63	\$	30.58	8.821	\$	1510.53	\$	269.74
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	3	0	\$	2,628.00	\$	.00	.000	\$	876.00	\$	93.86
HOSP INPATIENT TOTAL	3	0		2,628.00		.00	.000		876.00		93.86
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	3	0		2,628.00		.00	.000		876.00		93.86
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00 \$	.00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES	MONTH-OF-PAYMENT REPORT	r for jan 20	004 THRU DEC	2004	PAGE 18,303
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR	IN HOME SU	PPORT - BLIND	AID CODE 2	28		
				-	MONTH	HLY AVERAG	E

					MON'	THLY AVERAG	E
28 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	0 \$	2,628.00	\$ .00	.000 \$	876.00	\$ 93.86
COMM HOSP INPATIENT TOTAL	3	0	2,628.00	.00	.000	876.00	93.86
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	3	0	2,628.00	.00	.000	876.00	93.86
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	Ö		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	6	12	\$	5,613.36	\$	467.78	.429	\$	935.56	\$	200.48
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	6	12		5,613.36		467.78	.429		935.56		200.48
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	2	8	\$	343.74	\$	42.97	.286	\$	171.87	\$	12.28
CLINIC	1	7		326.42		46.63	.250		326.42		11.66
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1	1		17.32		17.32	.036		17.32		.62
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITUF	RES MONTH-	OF-PAYMENT I	REPORT	FOR JAN 2004	THRU	DEC	2004	PF	AGE 18,304
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR	IN HOME	E SUPPORT	- BLIND		AID CODE 28					

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								MC	NTF	ILY AVERA	.GE -	
28 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXP	ENDITURES	AVI	ERAGE COST	UNITS/DAYS	; C	COST PER	(	COST PER
		OR DAYS OF CAR	E			PEI	R UNIT/DAY	PER ELIG		USER	F	ELIGIBLE
@ALL OTHER PROVIDERS	15	1,665	\$		8,873.13	\$	5.33	59.464	\$	591.54	\$	316.90
DURABLE MED. EQUIP.	0	0			.00		.00	.000		.00		.00
BLOOD BANK	0	0			.00		.00	.000		.00		.00
HEARING AID DISPENSERS	1	1			1,260.17		1260.17	.036		1260.17		45.01
MEDICAL TRANSPORTATION	14	1,651			7,509.10		4.55	58.964		536.36		268.18
AMBULANCES/AIR TRANS	0	0			.00		.00	.000		.00		.00
OTHER TRANS	14	1,651			7,509.10		4.55	58.964		536.36		268.18
OTHER SERVICES	0	0			.00		.00	.000		.00		.00
ACUPUNCTURE	0	0			.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0			.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0			.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0			.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0			.00		.00	.000		.00		.00
OPTICIAN	0	0			.00		.00	.000		.00		.00
PHYSICAL THERAPIST	0	0			.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0			.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0	0			.00		.00	.000		.00		.00
PROSTHETICS	0	0			.00		.00	.000		.00		.00
ORTHOTICS	0	0			.00		.00	.000		.00		.00
PSYCHOLOGIST	0	0			.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	0	0			.00		.00	.000		.00		.00
HOSPICE SERVICES	0	0			.00		.00	.000		.00		.00
NONINST BIRTHING CENTERS	0	0			.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	0	0			.00		.00	.000		.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0			.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0			.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0			.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	6	13			103.86		7.99	.464		17.31		3.71
@CALIF. CHILDREN SERVICES*	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
@XOVER EXCLUDING STATE HOSP**	20	80	\$		8,828.35	\$	110.35	2.857	\$	441.42	\$	315.30
A* TOTALS IN THESE LINES ARE	CIVEN AS A SEPAR	ATE INFORMATION	ТТЕМ	ONT.V •								

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

PAGE 18,305

03/14/05

1101 02 1		_,								00/ = 1/00
YUBA COUNTY	SUMMARY OF SERV	VICES FOR	IN HOME	SUPPOR'	T - DISABLED	AID CODE	68			
							MON	THLY AVERA	.GE	
208 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS	OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	270	30	0,200	\$	206,202.46	\$ 6.83	145.192 \$		\$	991.36
@PHYSICIANS SERVICES	52		232	\$	4 <b>,</b> 297.96	\$ 18.53	1.115 \$	82.65	\$	20.66
OUTPATIENT VISITS	13		22		523.80	23.81	.106	40.29		2.52
OFFICE VISITS	13		22		523.80	23.81	.106	40.29		2.52
HOME VISITS	0		0		.00	.00	.000	.00		.00
EMERGENCY ROOM	0		0		.00	.00	.000	.00		.00
PREVENTIVE CARE	0		0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0		0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0		0		.00	.00	.000	.00		.00
INPATIENT VISITS	0		0		.00	.00	.000	.00		.00
HOSPITAL VISITS	0		0		.00	.00	.000	.00		.00
CRITICAL CARE	0		0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	2		2		26.01	13.01	.010	13.01		.13
EXAMINATIONS	2		2		26.01	13.01	.010	13.01		.13
SERVICES AND MATERIALS	0		0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0		0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	3		6		247.92	41.32	.029	82.64		1.19
PRINCIPAL SURGEON	3		6		247.92	41.32	.029	82.64		1.19
ASSISTANT SURGEON	0		0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00		.00
DIALYSIS	0		0		.00	.00	.000	.00		.00
PATHOLOGY	0		0		.00	.00	.000	.00		.00

RADIOLOGY	9	16		1,719.60		107.48	.077		191.07		8.27
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	2	45		196.47		4.37	.216		98.24		.94
OTHER SERVICES/ALL X-OVERS	43	141		1,584.16		11.24	.678		36.84		7.62
@PHARMACY	226	5,325	\$	164,320.28	\$	30.86	25.601	\$	727.08	\$	790.00
PRESCRIPTION DRUGS	206	1,130		151,229.77		133.83	5.433		734.13		727.07
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	206	1,130		151,229.77		133.83	5.433		734.13		727.07
MEDICAL SUPPLIES	64	4,195		13,090.51		3.12	20.168		204.54		62.94
@DENTIST	3	6	\$	636.00	\$	106.00	.029	\$	212.00	\$	3.06
VISITS - DIAGNOSTIC	1	3		38.00		12.67	.014		38.00		.18
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		293.00		.00	.000		.00		1.41
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	2	3		305.00		101.67	.014		152.50		1.47
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITUF	RES MONTH-	OF-PAYMENT RE	EPORT	FOR JAN	2004 THRU	DEC	2004	PP	AGE 18,306
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR	IN HOME	E SUPPORT	- DISABLED		AID CODE	E 68				

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								MO	INC	HLY AVERA	ιGΕ	
208 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	3		6	\$	104.91	\$	17.49	.029	\$	34.97	\$	.50
DIAGNOSTIC AND ANC. PROCED	1		1		20.00		20.00	.005		20.00		.10
EYE APPLIANCES	2		5		84.91		16.98	.024		42.46		.41
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	2		2	\$	5.76	\$	2.88	.010	\$	2.88	\$	.03
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	2		2		5.76		2.88	.010		2.88		.03
@HOME HEALTH AGENCY	4		76	\$	2,459.44	\$	32.36	.365	\$	614.86	\$	11.82
NURSE ANESTHESIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	₹ 0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	27		113	\$	11,759.45	\$	104.07	.543	\$	435.54	\$	56.54
HOSP INPATIENT TOTAL	8		2		9,241.80		4620.90	.010		1155.23		44.43
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	1		2		3,940.82		1970.41	.010		3940.82		18.95
ACCOMMODATIONS	1		2		803.92		401.96	.010		803.92		3.87
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1		2		803.92		401.96	.010		803.92		3.87
ANCILLARIES	1		0		3,136.90		.00	.000		3136.90		15.08

INPATIENT CROSSOVERS	7	0	5,300.98	.00	.000	757.28	25.49
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	20	111	2,517.65	22.68	.534	125.88	12.10
MEDICAL	2	8	435.47	54.43	.038	217.74	2.09
SURGERY	1	1	36.07	36.07	.005	36.07	.17
PATHOLOGY	3	26	357.59	13.75	.125	119.20	1.72
	3	7	956.64			239.16	4.60
RADIOLOGY	4			136.66	.034		
ROOM USE	2	3	102.05	34.02	.014	51.03	.49
CROSSOVERS/ALL OTH OUTPTNT	13	66	629.83	9.54	.317	48.45	3.03
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$		•
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
	0	0					
CO HOSP OUTPATIENT TOTAL	U	U	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES M	MONTH-OF-PAYMENT RE	PORT FOR JAN	2004 THRU DE	C 2004	PAGE 18,307
MOP024	FEE-FOR-SERVICE/	'DENITA I					03/14/05
		DENIAL					03/14/03
			PPORT - DISABLED	AID CODE	68		03/14/03
YUBA COUNTY		CES FOR IN HOME SUP	PPORT - DISABLED	AID CODE		THLY AVERA	
YUBA COUNTY	SUMMARY OF SERVI	CES FOR IN HOME SUE			MON		GE
	SUMMARY OF SERVI	CES FOR IN HOME SUE	PPORT - DISABLED  EXPENDITURES	AVERAGE COST	MON UNITS/DAYS	COST PER	GE COST PER
YUBA COUNTY 208 ELIGIBLES	SUMMARY OF SERVI	CES FOR IN HOME SUE UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MON UNITS/DAYS PER ELIG	COST PER USER	GE COST PER ELIGIBLE
YUBA COUNTY  208 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL	SUMMARY OF SERVI USERS 27	CES FOR IN HOME SUE UNITS OF SERVICE OR DAYS OF CARE 113 \$	EXPENDITURES 11,759.45	AVERAGE COST PER UNIT/DAY \$ 104.07	MON UNITS/DAYS PER ELIG .543 \$	COST PER USER 435.54	GE COST PER ELIGIBLE \$ 56.54
YUBA COUNTY  208 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	SUMMARY OF SERVI	CES FOR IN HOME SUE UNITS OF SERVICE OR DAYS OF CARE 113 \$ 2	EXPENDITURES 11,759.45 9,241.80	AVERAGE COST PER UNIT/DAY \$ 104.07 4620.90	MON UNITS/DAYS PER ELIG .543 \$ .010	COST PER USER 435.54 1155.23	GE COST PER ELIGIBLE \$ 56.54 44.43
YUBA COUNTY  208 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	SUMMARY OF SERVI USERS 27	CES FOR IN HOME SUE UNITS OF SERVICE OR DAYS OF CARE 113 \$	EXPENDITURES 11,759.45 9,241.80 .00	AVERAGE COST PER UNIT/DAY \$ 104.07 4620.90 .00	MON UNITS/DAYS PER ELIG .543 \$ .010 .000	COST PER USER 435.54 1155.23 .00	GE COST PER ELIGIBLE \$ 56.54 44.43 .00
YUBA COUNTY  208 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	SUMMARY OF SERVI USERS 27	CES FOR IN HOME SUE UNITS OF SERVICE OR DAYS OF CARE 113 \$ 2	EXPENDITURES 11,759.45 9,241.80 .00 3,940.82	AVERAGE COST PER UNIT/DAY \$ 104.07 4620.90 .00 1970.41	MON UNITS/DAYS PER ELIG .543 \$ .010 .000	COST PER USER 435.54 1155.23 .00 3940.82	GE COST PER ELIGIBLE \$ 56.54 44.43 .00 18.95
YUBA COUNTY  208 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	SUMMARY OF SERVI USERS 27	CES FOR IN HOME SUE UNITS OF SERVICE OR DAYS OF CARE 113 \$ 2	EXPENDITURES  11,759.45 9,241.80 .00 3,940.82 803.92	AVERAGE COST PER UNIT/DAY \$ 104.07 4620.90 .00 1970.41 401.96	MON UNITS/DAYS PER ELIG .543 \$ .010 .000 .010 .010	COST PER USER 435.54 1155.23 .00 3940.82 803.92	GE  COST PER  ELIGIBLE  \$ 56.54  44.43  .00  18.95  3.87
YUBA COUNTY  208 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	SUMMARY OF SERVI USERS 27	CES FOR IN HOME SUE UNITS OF SERVICE OR DAYS OF CARE 113 \$ 2	EXPENDITURES  11,759.45 9,241.80 .00 3,940.82 803.92 .00	AVERAGE COST PER UNIT/DAY \$ 104.07 4620.90 .00 1970.41 401.96 .00	MON UNITS/DAYS PER ELIG .543 \$ .010 .000 .010 .010 .010	COST PER USER 435.54 1155.23 .00 3940.82 803.92 .00	GE  COST PER  ELIGIBLE  \$ 56.54  44.43  .00  18.95  3.87  .00
YUBA COUNTY  208 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	SUMMARY OF SERVI USERS 27	CES FOR IN HOME SUE UNITS OF SERVICE OR DAYS OF CARE 113 \$ 2	EXPENDITURES  11,759.45 9,241.80 .00 3,940.82 803.92 .00 .00	AVERAGE COST PER UNIT/DAY \$ 104.07 4620.90 .00 1970.41 401.96 .00 .00	MON UNITS/DAYS PER ELIG .543 \$ .010 .000 .010 .010 .000 .000	COST PER USER 435.54 1155.23 .00 3940.82 803.92 .00 .00	GE  COST PER ELIGIBLE \$ 56.54 44.43 .00 18.95 3.87 .00 .00
YUBA COUNTY  208 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	SUMMARY OF SERVI USERS 27	CES FOR IN HOME SUF UNITS OF SERVICE OR DAYS OF CARE 113 \$ 2 0 2 2 2 0 0 2	EXPENDITURES  11,759.45 9,241.80 .00 3,940.82 803.92 .00 .00 803.92	AVERAGE COST PER UNIT/DAY \$ 104.07 4620.90 .00 1970.41 401.96 .00 .00 401.96	MON UNITS/DAYS PER ELIG .543 \$ .010 .000 .010 .010 .010	COST PER USER 435.54 1155.23 .00 3940.82 803.92 .00 .00 803.92	GE  COST PER  ELIGIBLE  \$ 56.54  44.43  .00  18.95  3.87  .00
YUBA COUNTY  208 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	SUMMARY OF SERVI USERS 27	CES FOR IN HOME SUE UNITS OF SERVICE OR DAYS OF CARE 113 \$ 2	EXPENDITURES  11,759.45 9,241.80 .00 3,940.82 803.92 .00 .00	AVERAGE COST PER UNIT/DAY \$ 104.07 4620.90 .00 1970.41 401.96 .00 .00	MON UNITS/DAYS PER ELIG .543 \$ .010 .000 .010 .010 .000 .000	COST PER USER 435.54 1155.23 .00 3940.82 803.92 .00 .00	GE  COST PER ELIGIBLE \$ 56.54 44.43 .00 18.95 3.87 .00 .00
YUBA COUNTY  208 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	SUMMARY OF SERVI USERS 27	CES FOR IN HOME SUF UNITS OF SERVICE OR DAYS OF CARE 113 \$ 2 0 2 2 2 0 0 2	EXPENDITURES  11,759.45 9,241.80 .00 3,940.82 803.92 .00 .00 803.92	AVERAGE COST PER UNIT/DAY \$ 104.07 4620.90 .00 1970.41 401.96 .00 .00 401.96	MON UNITS/DAYS PER ELIG .543 \$ .010 .000 .010 .010 .000 .010	COST PER USER 435.54 1155.23 .00 3940.82 803.92 .00 .00 803.92	GE  COST PER  ELIGIBLE  \$ 56.54  44.43  .00  18.95  3.87  .00  .00  3.87
YUBA COUNTY  208 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	SUMMARY OF SERVI USERS 27	CES FOR IN HOME SUF UNITS OF SERVICE OR DAYS OF CARE 113 \$ 2 0 2 2 2 0 0 2 2	EXPENDITURES  11,759.45 9,241.80 .00 3,940.82 803.92 .00 .00 803.92 3,136.90	AVERAGE COST PER UNIT/DAY \$ 104.07 4620.90 .00 1970.41 401.96 .00 .00 401.96 .00	MON UNITS/DAYS PER ELIG .543 \$ .010 .000 .010 .010 .000 .010 .000 .00	COST PER USER 435.54 1155.23 .00 3940.82 803.92 .00 .00 803.92 3136.90	GE  COST PER  ELIGIBLE  \$ 56.54  44.43  .00  18.95  3.87  .00  .00  3.87  15.08
YUBA COUNTY  208 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	SUMMARY OF SERVI  USERS  27 8 0 1 1 0 0 1 1 1 7	CES FOR IN HOME SUF UNITS OF SERVICE OR DAYS OF CARE 113 \$ 2 0 2 2 2 0 0 2 2	EXPENDITURES  11,759.45 9,241.80 .00 3,940.82 803.92 .00 .00 803.92 3,136.90 5,300.98	AVERAGE COST PER UNIT/DAY \$ 104.07 4620.90 .00 1970.41 401.96 .00 .00 401.96 .00	MON UNITS/DAYS PER ELIG .543 \$ .010 .000 .010 .010 .000 .010 .000 .00	COST PER USER 435.54 1155.23 .00 3940.82 803.92 .00 .00 803.92 3136.90 757.28	GE  COST PER ELIGIBLE \$ 56.54 44.43 .00 18.95 3.87 .00 .00 3.87 15.08 25.49
YUBA COUNTY  208 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	SUMMARY OF SERVI  USERS  27 8 0 1 1 1 0 0 1 1 7 0 20	CES FOR IN HOME SUFURIES OF SERVICE OR DAYS OF CARE 113 \$ 2 0 0 2 2 2 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  11,759.45 9,241.80 .00 3,940.82 803.92 .00 .00 803.92 3,136.90 5,300.98 .00 2,517.65	AVERAGE COST PER UNIT/DAY \$ 104.07 4620.90 .00 1970.41 401.96 .00 .00 401.96 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .543 \$ .010 .000 .010 .010 .000 .010 .000 .00	COST PER USER 435.54 1155.23 .00 3940.82 803.92 .00 .00 803.92 3136.90 757.28 .00 125.88	GE  COST PER ELIGIBLE \$ 56.54 44.43 .00 18.95 3.87 .00 .00 3.87 15.08 25.49 .00 12.10
YUBA COUNTY  208 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	SUMMARY OF SERVI  USERS  27 8 0 1 1 1 0 0 1 1 7 0 20 20	CES FOR IN HOME SUFURIES OF SERVICE OR DAYS OF CARE  113 \$ 2 0 2 2 0 0 2 2 0 0 0 0 111 8	EXPENDITURES  11,759.45 9,241.80 .00 3,940.82 803.92 .00 .00 803.92 3,136.90 5,300.98 .00 2,517.65 435.47	AVERAGE COST PER UNIT/DAY \$ 104.07 4620.90 .00 1970.41 401.96 .00 .00 401.96 .00 .00 .00 22.68 54.43	MON UNITS/DAYS PER ELIG .543 \$ .010 .000 .010 .010 .000 .010 .000 .00	COST PER USER 435.54 1155.23 .00 3940.82 803.92 .00 .00 803.92 3136.90 757.28 .00 125.88 217.74	GE COST PER ELIGIBLE \$ 56.54 44.43 .00 18.95 3.87 .00 .00 3.87 15.08 25.49 .00 12.10 2.09
YUBA COUNTY  208 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	SUMMARY OF SERVI  USERS  27 8 0 1 1 0 0 1 1 7 0 20 20 2 1	CES FOR IN HOME SUFURIES OF SERVICE OR DAYS OF CARE 113 \$ 2 0 0 2 2 2 0 0 0 0 0 0 0 0 0 0 0 111 8 11 8	EXPENDITURES  11,759.45 9,241.80 .00 3,940.82 803.92 .00 .00 803.92 3,136.90 5,300.98 .00 2,517.65 435.47 36.07	AVERAGE COST PER UNIT/DAY \$ 104.07 4620.90 .00 1970.41 401.96 .00 .00 401.96 .00 .00 .00 22.68 54.43 36.07	MON UNITS/DAYS PER ELIG .543 \$ .010 .000 .010 .010 .000 .010 .000 .00	COST PER USER 435.54 1155.23 .00 3940.82 803.92 .00 .00 803.92 3136.90 757.28 .00 125.88 217.74 36.07	GE  COST PER ELIGIBLE \$ 56.54 44.43 .00 18.95 3.87 .00 .00 3.87 15.08 25.49 .00 12.10 2.09 .17
YUBA COUNTY  208 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	SUMMARY OF SERVI  USERS  27 8 0 1 1 0 0 1 1 1 7 0 20 20 2 1 3	CES FOR IN HOME SUFURIES OF SERVICE OR DAYS OF CARE 113 \$ 2 0 0 2 2 2 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  11,759.45 9,241.80 .00 3,940.82 803.92 .00 .00 803.92 3,136.90 5,300.98 .00 2,517.65 435.47 36.07 357.59	AVERAGE COST PER UNIT/DAY \$ 104.07 4620.90 .00 1970.41 401.96 .00 401.96 .00 .00 22.68 54.43 36.07 13.75	MON UNITS/DAYS PER ELIG .543 \$ .010 .000 .010 .010 .000 .010 .000 .00	COST PER USER 435.54 1155.23 .00 3940.82 803.92 .00 .00 803.92 3136.90 757.28 .00 125.88 217.74 36.07 119.20	GE  COST PER ELIGIBLE \$ 56.54 44.43 .00 18.95 3.87 .00 .00 3.87 15.08 25.49 .00 12.10 2.09 .17 1.72
YUBA COUNTY  208 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	SUMMARY OF SERVI  USERS  27 8 0 1 1 0 0 1 1 7 0 20 20 2 1 3 4	CES FOR IN HOME SUF UNITS OF SERVICE OR DAYS OF CARE 113 \$ 2 0 2 2 2 0 0 0 2 111 8 1 26 7	EXPENDITURES  11,759.45 9,241.80 .00 3,940.82 803.92 .00 .00 803.92 3,136.90 5,300.98 .00 2,517.65 435.47 36.07 357.59 956.64	AVERAGE COST PER UNIT/DAY \$ 104.07 4620.90 .00 1970.41 401.96 .00 .00 401.96 .00 .00 .00 22.68 54.43 36.07 13.75 136.66	MON UNITS/DAYS PER ELIG .543 \$ .010 .000 .010 .010 .000 .010 .000 .00	COST PER USER 435.54 1155.23 .00 3940.82 803.92 .00 .00 803.92 3136.90 757.28 .00 125.88 217.74 36.07 119.20 239.16	GE COST PER ELIGIBLE \$ 56.54 44.43 .00 18.95 3.87 .00 .00 3.87 15.08 25.49 .00 12.10 2.09 .17 1.72 4.60
YUBA COUNTY  208 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	SUMMARY OF SERVI  USERS  27 8 0 1 1 1 0 0 1 1 1 7 0 20 21 1 3 4 2	CES FOR IN HOME SUB- UNITS OF SERVICE OR DAYS OF CARE 113 \$ 2 0 2 2 2 0 0 2 2 111 8 1 26 7 3	EXPENDITURES  11,759.45 9,241.80 .00 3,940.82 803.92 .00 .00 803.92 3,136.90 5,300.98 .00 2,517.65 435.47 36.07 357.59 956.64 102.05	AVERAGE COST PER UNIT/DAY \$ 104.07 4620.90 .00 1970.41 401.96 .00 .00 401.96 .00 .00 .00 22.68 54.43 36.07 13.75 136.66 34.02	MON UNITS/DAYS PER ELIG .543 \$ .010 .000 .010 .010 .000 .010 .000 .00	COST PER USER 435.54 1155.23 .00 3940.82 803.92 .00 .00 803.92 3136.90 757.28 .00 125.88 217.74 36.07 119.20 239.16 51.03	GE  COST PER ELIGIBLE \$ 56.54 44.43 .00 18.95 3.87 .00 .00 3.87 15.08 25.49 .00 12.10 2.09 .17 1.72 4.60 .49
YUBA COUNTY  208 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT	SUMMARY OF SERVI  USERS  27 8 0 1 1 0 0 1 1 1 7 0 20 2 1 3 4 2 13	CES FOR IN HOME SUE UNITS OF SERVICE OR DAYS OF CARE 113 \$ 2 0 2 2 2 0 0 2 2 111 8 11 26 7 3 66	EXPENDITURES  11,759.45 9,241.80 .00 3,940.82 803.92 .00 .00 803.92 3,136.90 5,300.98 .00 2,517.65 435.47 36.07 357.59 956.64 102.05 629.83	AVERAGE COST PER UNIT/DAY \$ 104.07 4620.90 .00 1970.41 401.96 .00 .00 401.96 .00 .00 .22.68 54.43 36.07 13.75 136.66 34.02 9.54	MON UNITS/DAYS PER ELIG .543 \$ .010 .000 .010 .010 .000 .010 .000 .00	COST PER USER 435.54 1155.23 .00 3940.82 803.92 .00 .00 803.92 3136.90 757.28 .00 125.88 217.74 36.07 119.20 239.16 51.03 48.45	GE  COST PER ELIGIBLE \$ 56.54 44.43 .00 18.95 3.87 .00 .00 3.87 15.08 25.49 .00 12.10 2.09 .17 1.72 4.60 .49 3.03
YUBA COUNTY  208 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	SUMMARY OF SERVI  USERS  27 8 0 1 1 0 0 1 1 1 7 0 20 2 1 3 4 2 13 0	CES FOR IN HOME SUF UNITS OF SERVICE OR DAYS OF CARE 113 \$ 2 0 2 2 2 0 0 0 2 111 8 1 26 7 3 66 0 \$	EXPENDITURES  11,759.45 9,241.80 .00 3,940.82 803.92 .00 .00 803.92 3,136.90 5,300.98 .00 2,517.65 435.47 36.07 357.59 956.64 102.05 629.83 .00	AVERAGE COST PER UNIT/DAY \$ 104.07 4620.90 .00 1970.41 401.96 .00 .00 401.96 .00 .00 .22.68 54.43 36.07 13.75 136.66 34.02 9.54 \$ .00	MON UNITS/DAYS PER ELIG .543 \$ .010 .000 .010 .010 .000 .010 .000 .00	COST PER USER 435.54 1155.23 .00 3940.82 803.92 .00 60 803.92 3136.90 757.28 .00 125.88 217.74 36.07 119.20 239.16 51.03 48.45 .00	GE  COST PER ELIGIBLE \$ 56.54 44.43 .00 18.95 3.87 .00 .00 3.87 15.08 25.49 .00 12.10 2.09 .17 1.72 4.60 .49 3.03 \$ .00
YUBA COUNTY  208 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	SUMMARY OF SERVI  USERS  27 8 0 1 1 1 0 0 1 1 1 7 0 20 21 3 4 2 13 0 0	CES FOR IN HOME SUF UNITS OF SERVICE OR DAYS OF CARE 113 \$ 2 0 2 2 2 0 0 0 2 111 8 1 26 7 3 66 0 \$ 0	EXPENDITURES  11,759.45 9,241.80 .00 3,940.82 803.92 .00 .00 803.92 3,136.90 5,300.98 .00 2,517.65 435.47 36.07 357.59 956.64 102.05 629.83 .00 .00	AVERAGE COST PER UNIT/DAY \$ 104.07 4620.90 .00 1970.41 401.96 .00 .00 401.96 .00 .00 .22.68 54.43 36.07 13.75 136.66 34.02 9.54 \$ .00 .00	MON UNITS/DAYS PER ELIG .543 \$ .010 .000 .010 .010 .000 .010 .000 .00	COST PER USER 435.54 1155.23 .00 3940.82 803.92 .00 60 803.92 3136.90 757.28 .00 125.88 217.74 36.07 119.20 239.16 51.03 48.45 .00 .00	GE  COST PER ELIGIBLE \$ 56.54 44.43 .00 18.95 3.87 .00 .00 3.87 15.08 25.49 .00 12.10 2.09 .17 1.72 4.60 .49 3.03 \$ .00 .00
YUBA COUNTY  208 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	SUMMARY OF SERVI  USERS  27 8 0 1 1 0 0 1 1 1 7 0 20 2 1 3 4 2 13 0 0 0 0 0 0	CES FOR IN HOME SUF UNITS OF SERVICE OR DAYS OF CARE 113 \$ 2 0 0 2 2 2 0 0 0 2 111 8 1 26 7 3 66 0 0 \$ 0 0	EXPENDITURES  11,759.45 9,241.80 .00 3,940.82 803.92 .00 .00 803.92 3,136.90 5,300.98 .00 2,517.65 435.47 36.07 357.59 956.64 102.05 629.83 .00 .00	AVERAGE COST PER UNIT/DAY \$ 104.07 4620.90 .00 1970.41 401.96 .00 .00 401.96 .00 .00 .22.68 54.43 36.07 13.75 136.66 34.02 9.54 \$ .00 .00 .00	MON UNITS/DAYS PER ELIG .543 \$ .010 .000 .010 .010 .000 .010 .000 .00	COST PER USER 435.54 1155.23 .00 3940.82 803.92 .00 60 803.92 3136.90 757.28 .00 125.88 217.74 36.07 119.20 239.16 51.03 48.45 .00 .00 .00 .00	GE  COST PER ELIGIBLE \$ 56.54 44.43 .00 18.95 3.87 .00 .00 3.87 15.08 25.49 .00 12.10 2.09 .17 1.72 4.60 .49 3.03 \$ .00 .00 .00
YUBA COUNTY  208 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY	SUMMARY OF SERVI  USERS  27 8 0 1 1 1 0 0 1 1 1 7 0 20 21 1 3 4 2 13 0 0 0 1	CES FOR IN HOME SUF UNITS OF SERVICE OR DAYS OF CARE 113 \$ 2 0 0 2 2 2 0 0 0 2 111 8 1 26 7 3 66 0 0 \$ 0 0 4 \$	EXPENDITURES  11,759.45 9,241.80 .00 3,940.82 803.92 .00 .00 803.92 3,136.90 5,300.98 .00 2,517.65 435.47 36.07 357.59 956.64 102.05 629.83 .00 .00 .00 .00 1,767.15	AVERAGE COST PER UNIT/DAY \$ 104.07 4620.90 .00 1970.41 401.96 .00 .00 401.96 .00 .00 22.68 54.43 36.07 13.75 136.66 34.02 9.54 \$ .00 .00 .00 \$ 441.79	MON UNITS/DAYS PER ELIG .543 \$ .010 .000 .010 .010 .000 .010 .000 .00	COST PER USER 435.54 1155.23 .00 3940.82 803.92 .00 .00 803.92 3136.90 757.28 .00 125.88 217.74 36.07 119.20 239.16 51.03 48.45 .00 .00 .00 1767.15	GE  COST PER ELIGIBLE \$ 56.54 44.43 .00 18.95 3.87 .00 .00 3.87 15.08 25.49 .00 12.10 2.09 .17 1.72 4.60 .49 3.03 \$ .00 .00 \$ 8.50
YUBA COUNTY  208 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	SUMMARY OF SERVI  USERS  27 8 0 1 1 0 0 1 1 1 7 0 20 2 1 3 4 2 13 0 0 0 0 0 0	CES FOR IN HOME SUF UNITS OF SERVICE OR DAYS OF CARE 113 \$ 2 0 0 2 2 2 0 0 0 2 111 8 1 26 7 3 66 0 0 \$ 0 0	EXPENDITURES  11,759.45 9,241.80 .00 3,940.82 803.92 .00 .00 803.92 3,136.90 5,300.98 .00 2,517.65 435.47 36.07 357.59 956.64 102.05 629.83 .00 .00	AVERAGE COST PER UNIT/DAY \$ 104.07 4620.90 .00 1970.41 401.96 .00 .00 401.96 .00 .00 .22.68 54.43 36.07 13.75 136.66 34.02 9.54 \$ .00 .00 .00	MON UNITS/DAYS PER ELIG .543 \$ .010 .000 .010 .010 .000 .010 .000 .00	COST PER USER 435.54 1155.23 .00 3940.82 803.92 .00 60 803.92 3136.90 757.28 .00 125.88 217.74 36.07 119.20 239.16 51.03 48.45 .00 .00 .00 .00	GE  COST PER ELIGIBLE \$ 56.54 44.43 .00 18.95 3.87 .00 .00 3.87 15.08 25.49 .00 12.10 2.09 .17 1.72 4.60 .49 3.03 \$ .00 .00 .00

LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	1	4		1,767.15		441.79	.019	1767.15		8.50
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
ICF DDH	0	0		.00		.00	.000	.00		.00
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	6	30	\$	257.39	\$	8.58	.144	\$ 42.90	\$	1.24
PATHOLOGY	6	30		257.39		8.58	.144	42.90		1.24
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	64	187	\$	8,586.00	\$	45.91	.899	\$ 134.16	\$	41.28
CLINIC	0	0		.00		.00	.000	.00		.00
SURGICENTER	5	19		694.85		36.57	.091	138.97		3.34
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	60	168		7,891.15		46.97	.808	131.52		37.94
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITUR	ES MONTH-	-OF-PAYMENT	REPORT	FOR JAN	2004 THRU D	EC 2004	P.	AGE 18,308
MOP024	FEE-FOR-SERVICE/DENTAL									03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR	IN HOME	SUPPORT	- DISABLED		AID CODE	68			
							MO	NTHLY AVERA	GE.	
208 ELIGIBLES	USERS UNITS C	F SERVICE	]	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
	OR DAY	S OF CARE			DFD	IINTT/DAV	DEB ELIC	IISER		FLICIBLE

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208 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	102	24,219 \$	12,008.12	\$ .50	116.438 \$	117.73	\$ 57.73
DURABLE MED. EQUIP.	2	6	2,269.67	378.28	.029	1134.84	10.91
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	6	99	646.70	6.53	.476	107.78	3.11
AMBULANCES/AIR TRANS	3	17	442.00	26.00	.082	147.33	2.13
OTHER TRANS	2	82	204.70	2.50	.394	102.35	.98
OTHER SERVICES	1	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	6	60.60	10.10	.029	30.30	.29
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	4	161.44	40.36	.019	80.72	.78
PROSTHETICS	2	4	161.44	40.36	.019	80.72	.78
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	163	693.46	4.25	.784	346.73	3.33
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	92	23,941	8,176.25	.34	115.101	88.87	39.31
@CALIF. CHILDREN SERVICES*	1	1	\$ 33.99	\$ 33.99	.005	\$ 33.99	\$ .16
@XOVER EXCLUDING STATE HOSP**	115	3,396	\$ 23,580.22	\$ 6.94	16.327	\$ 205.05	\$ 113.37

0\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PROSTHETICS

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,309 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 YUBA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

----- MONTHLY AVERAGE -----975 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 778,550.97 1,237 @TOTAL, ALL PROVIDERS 61,665 \$ \$ 12.63 63.246 \$ 629.39 \$ 798.51 241 @PHYSICIANS SERVICES 783 \$ 9,740.67 \$ 12.44 .803 \$ 40.42 \$ 9.99 539.27 23.45 539.27 23.45 .00 .00 14 38.52 OUTPATIENT VISITS .024 . 55 14 0 OFFICE VISITS 23 23.45 .024 38.52 .55 
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 Ω HOME VISITS .000 .00 .00 EMERGENCY ROOM .00 0 0 PREVENTIVE CARE .00 OB VISITS/COMPRE PERI Ω .00 OTHER OUTPATIENT . 00 INPATIENT VISITS .00 HOSPITAL VISITS .00 CRITICAL CARE .00 SNF/ICF/TRANS IP CARE .00 OPHTHALMOLOGICAL SERVICES .06 EXAMINATIONS .06 .00 .00 SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY .00 .00 PRINCIPAL SURGEON ASSISTANT SURGEON .00 0 ANESTHESIOLOGIST .00 OUTPATIENT SURGERY .25 PRINCIPAL SURGEON .25 . 00 ASSISTANT SURGEON ANESTHESIOLOGIST .00 0 0 0 0 13 38 0 0 2 45 227 667 989 24,910 \$ DIALYSIS .00 .00 PATHOLOGY 1.82 RADIOLOGY .00 PSYCHIATRY IMMUNIZATION AND INJECTION 6,931.92 10.39 OTHER SERVICES/ALL X-OVERS .684 30.54 7.11 475,331.15 \$ 19.08 25.549 \$ 480.62 \$ 487.52 @PHARMACY 5.090 479.50 464.25 944 4,963 452,646.79 91.20 PRESCRIPTION DRUGS 25 .219 439.52 11.27 SNF/ICF 214 10,987.99 51.35 920 186 4.871 480.06 4,749 441,658.80 93.00 452.98 OUTPATIENTS 186 MEDICAL SUPPLIES 19,947 22,684.36 1.14 20.458 121.96 23.27 29 122 9,797.00 \$ 80.30 .125 \$ 337.83 \$ @DENTIST 10.05 VISITS - DIAGNOSTIC 15 44 669.00 15.20 . 045 44.60 . 69 6 .009 ORAL SURGERY 598.00 98.00 66.44 99.67 . 61 .00 .00 .00 .00 .00 .00 .00 DRUGS .001 .00 .00 .000 . 00 ANESTHESTA .00 .000 .00 PERIODONTICS 0 .000 .00 .019 322.67 .00 1,936.00 30.00 101.89 30.00 ENDODONTICS .00 19 RESTORATIVE DENTISTRY 1 99 .001 30.00 . 0.3

DENTURES, STAYPLATES	13	48	6,564.00	136.75	.049	504.92	6.73
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITURES	MONTH-OF-PAYMENT REPORT	RT FOR JAN 2	2004 THRU DE	C 2004	PAGE 18,310
MOP024	FEE-FOR-SERVICE/DENT	TAL					03/14/05
YUBA COUNTY	SUMMARY OF SERVICES	FOR IN HOME SU	JPPORT - TOTAL				

						Mo	INC	HLY AVERA	GE	
975 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVEF	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	21	52	\$ 971.92	\$	18.69	.053	\$	46.28	\$	1.00
DIAGNOSTIC AND ANC. PROCED	5	5	146.89		29.38	.005		29.38		.15
EYE APPLIANCES	17	46	798.58		17.36	.047		46.98		.82
OTHER OPTOMETRIC SERVICES	1	1	26.45		26.45	.001		26.45		.03
@CHIROPRACTOR	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	13	8	\$ 29.08	\$	3.64	.008	\$	2.24	\$	.03
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	13	8	29.08		3.64	.008		2.24		.03
@HOME HEALTH AGENCY	9	323	\$ 10,012.07	\$	31.00	.331	\$	1112.45	\$	10.27
NURSE ANESTHESIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	95	244	\$ 40,598.21	\$	166.39	.250	\$	427.35	\$	41.64
HOSP INPATIENT TOTAL	40	2	34,632.67	17	7316.34	.002		865.82		35.52
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00

NON-HSC HOSPITAL TOTAL	1	2		3,940.82	1970.41	.002	3940.82	4.04
ACCOMMODATIONS	1	2		803.92	401.96	.002	803.92	.82
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2		803.92	401.96	.002	803.92	.82
ANCILLARIES	1	0		3,136.90	.00	.000	3136.90	3.22
INPATIENT CROSSOVERS	39	0		30,691.85	.00	.000	786.97	31.48
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	56	242		5,965.54	24.65	.248	106.53	6.12
MEDICAL	2	8		435.47	54.43	.008	217.74	.45
SURGERY	1	1		36.07	36.07	.001	36.07	.04
PATHOLOGY	3	26		357.59	13.75	.027	119.20	.37
RADIOLOGY	4	7		956.64	136.66	.007	239.16	.98
ROOM USE	2	3		102.05	34.02	.003	51.03	.10
CROSSOVERS/ALL OTH OUTPINT	49	197		4,077.72	20.70	.202	83.22	4.18
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT		0		.00	.00	.000	.00	.00
	MEDI-CAL SERVICES AND		ES MONTH-	-OF-PAYMENT RE	EPORT FOR JAN	2004 THRU	DEC 2004	PAGE 18,311
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FO	OR IN HOME	SUPPORT	- TOTAL				

10211 0001111	001111111111111111111111111111111111111	.,	0111						
					MONTHLY AVERAGE				
975 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER		
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE		
@COMMUNITY HOSPITAL TOTAL	95	244 \$	40,598.21	\$ 166.39	.250 \$	427.35	\$ 41.64		
COMM HOSP INPATIENT TOTAL	40	2	34,632.67	17316.34	.002	865.82	35.52		
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00		
NON-HSC HOSPITALS TOTAL	1	2	3,940.82	1970.41	.002	3940.82	4.04		
ACCOMMODATIONS	1	2	803.92	401.96	.002	803.92	.82		
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	1	2	803.92	401.96	.002	803.92	.82		
ANCILLARIES	1	0	3,136.90	.00	.000	3136.90	3.22		
INPATIENT CROSSOVERS	39	0	30,691.85	.00	.000	786.97	31.48		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00		
COMM HOSP OUTPATIENT TOTAL	56	242	5,965.54	24.65	.248	106.53	6.12		
MEDICAL	2	8	435.47	54.43	.008	217.74	.45		
SURGERY	1	1	36.07	36.07	.001	36.07	.04		
PATHOLOGY	3	26	357.59	13.75	.027	119.20	.37		
RADIOLOGY	4	7	956.64	136.66	.007	239.16	.98		
ROOM USE	2	3	102.05	34.02	.003	51.03	.10		

CROSSOVERS/ALL OTH OUTPTNT	49	197		4,077.72		20.70	.202		83.22		4.18
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	48	812	\$	128,943.21	\$	158.80	.833	\$	2686.32	\$	132.25
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	48	812		128,943.21		158.80	.833		2686.32		132.25
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	11	19	\$	9,219.48	\$	485.24	.019	\$	838.13	\$	9.46
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	11	19		9,219.48		485.24	.019		838.13		9.46
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	8	34	\$	293.67	\$	8.64	.035	\$	36.71	\$	.30
PATHOLOGY	6	30		257.39		8.58	.031		42.90		.26
XO AND OTHERS	2	4		36.28		9.07	.004		18.14		.04
@ORGANIZED OUTPATIENT CLINIC	204	483	\$	16,572.20	\$	34.31	.495	\$	81.24	\$	17.00
CLINIC	1	7		326.42		46.63	.007		326.42		.33
SURGICENTER	11	25		1,744.68		69.79	.026		158.61		1.79
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	193	451		14,501.10		32.15	.463		75.14		14.87
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		JRES MO	NTH-OF-PAYMENT RE	PORT	FOR JAN 2004	THRU	DEC	2004	PA	AGE 18,312
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05

----- MONTHLY AVERAGE -----975 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 438 33,875 \$ 77,042.31 \$ 2.27 34.744 \$ 175.90 \$ 79.02 8,058.81 277.89 .00 .00 1,285.17 642.59 15,968.44 4.03 29 .030 537.25 DURABLE MED. EQUIP. 15 8.27 0 .00 .000 BLOOD BANK 2 HEARING AID DISPENSERS 2 .002 642.59 1.32 39 3,958 4.059 4.03 MEDICAL TRANSPORTATION 409.45 16.38 3 17 26.00 147.33 AMBULANCES/AIR TRANS 442.00 .017 32 OTHER TRANS 3,924 15,433.99 3.93 4.025 482.31 15.83 5.44 .017 OTHER SERVICES 5 17 92.45 18.49 .09 5.44 .017 .00 .000 .00 .000 .00 .000 56.62 .496 .00 .000 11.70 .050 .81 .001 .30 .001 15.33 .019 .00 0 .00 ACUPUNCTURE ADULT DAY HEALTH CARE CTR 0 .00 .00 .00 .00 .00 GENETIC DISEASE TESTING Ω 0 .00 484 27,404.43 442.01 IHMC, MODEL-NF, NF, AIDS, MSSP 28.11 0 .00 OCCUPATIONAL THERAPIST 0 .00 .00 OPTICIAN 19 49 573.51 30.18 .59 .81 .81 PHYSICAL THERAPIST PORTABLE X-RAY .30 .30 .00 19 291.32 15.33 58.26 .30 PROSTHETIST/ORTHOTISTS 291.32 15.33 58.26 .019 PROSTHETICS .00 0 .00 .00 ORTHOTICS .000 .00 .00 .00 PSYCHOLOGIST 0 .000 .00 209.50 SPEECH AND AUDIOLOGY .005 104.75

SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

YUBA COUNTY

HOSPICE SERVICES	3	42	4,772.04	113.62	.043	1590.68	4.89
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	163	693.46	4.25	.167	346.73	.71
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	342	29,122	17,784.52	.61	29.869	52.00	18.24
@CALIF. CHILDREN SERVICES*	1	1	\$ 33.99	\$ 33.99	.001	\$ 33.99	\$ .03
@XOVER EXCLUDING STATE HOSP**	549	6,470	\$ 113,124.32	\$ 17.48	6.636	\$ 206.06	\$ 116.02

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,313
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YURA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

YUBA COUNTY	SUMMARY OF SER	VICES FOR PUBLIC ASSIS	STANCE - AGED				
					MON'		GE
7,707 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	6,702	181 <b>,</b> 793 \$	3,511,316.37	\$ 19.31	23.588 \$		
@PHYSICIANS SERVICES	1,311	3 <b>,</b> 702 \$	- <b>,</b>	\$ 13.36	.480 \$		
OUTPATIENT VISITS	9	13	414.52	31.89	.002	46.06	.05
OFFICE VISITS	9	13	414.52	31.89	.002	46.06	.05
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	19	19	273.91	14.42	.002	14.42	.04
EXAMINATIONS	19	19	273.91	14.42	.002	14.42	.04
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	8.22	8.22	.000	8.22	.00
RADIOLOGY	14	44	292.42	6.65	.006	20.89	.04
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	2	27.52	13.76	.000	13.76	.00
OTHER SERVICES/ALL X-OVERS	1,278	3,623	48,459.11	13.38	.470	37.92	6.29
@PHARMACY	5,491	78 <b>,</b> 196 \$		\$ 24.97	10.146 \$		•
PRESCRIPTION DRUGS	5 <b>,</b> 380	23,053	1,900,977.11	82.46	2.991	353.34	246.66
SNF/ICF	125	985	53 <b>,</b> 288.60	54.10	.128	426.31	6.91
OUTPATIENTS	5 <b>,</b> 265	22,068	1,847,688.51	83.73	2.863	350.94	239.74
MEDICAL SUPPLIES	724	55,143	51,328.31	.93	7.155	70.90	6.66
@DENTIST	217	963 \$	<b>,</b>	\$ 52.62	.125 \$		•
VISITS - DIAGNOSTIC	139	506	5 <b>,</b> 784.00	11.43	.066	41.61	.75
ORAL SURGERY	40	105	5,054.00	48.13	.014	126.35	.66

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DRUGS	1	1		.00		.00	.000	.00		.00
ANESTHESIA	1	1		100.00		100.00	.000	100.00		.01
PERIODONTICS	15	15		1,707.00		113.80	.002	113.80		.22
ENDODONTICS	7	13		3,465.00		266.54	.002	495.00		.45
RESTORATIVE DENTISTRY	42	120		8,400.00		70.00	.016	200.00		1.09
PROSTHETICS	6	7		150.00		21.43	.001	25.00		.02
DENTURES, STAYPLATES	66	191		26,016.00		136.21	.025	394.18		3.38
SPACE MAINTAINERS	0	191		.00		.00	.000	.00		.00
	0	0					.000	.00		.00
MAXILLOFACIAL SERVICES	•			.00		.00				
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	5	4		.00		.00	.001	.00		.00
#CALIF DEPT OF HEALTH SERV			RES MO	ONTH-OF-PAYMENT RI	EPORT	FOR JAN 2	2004 THRU DE	C 2004	P.	AGE 18,314
MOP024	FEE-FOR-SERVICE	E/DENTAL								03/14/05
YUBA COUNTY	SUMMARY OF SERV	VICES FOR PUBLIC	ASSIS	STANCE - AGED						
							MON	ITHLY AVERA	GE -	
7,707 ELIGIBLES	USERS	UNITS OF SERVICE	Ε	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER	(	COST PER
		OR DAYS OF CAR	Ε		PEF	R UNIT/DAY	PER ELIG	USER	I	ELIGIBLE
@OPTOMETRIST	180	458	\$	8,510.51	\$	18.58	.059 \$	47.28	\$	1.10
DIAGNOSTIC AND ANC. PROCED	21	21		583.63		27.79	.003	27.79		.08
EYE APPLIANCES	144	396		6,746.00		17.04	.051	46.85		.88
OTHER OPTOMETRIC SERVICES	2.4	41		1,180.88		28.80	.005	49.20		.15
@CHIROPRACTOR	6	9	Ś	150.48	\$	16.72	.001 \$		Ś	.02
VISITS	0	0	Ψ	.00	Ψ	.00	.000	.00	Υ	.00
OTHER SERVICES	6	9		150.48		16.72	.001	25.08		.02
@PODIATRIST	101	121	Ś	817.29	Ś	6.75	.016 \$		Ś	.11
MEDICINE/INJECTIONS	0	0	۲	.00	Ą	.00	.000	.00	ې	.00
	0	0		.00				.00		.00
SURGERY/ANES.	0	0				.00	.000			
RADIO./PATHOLOGY				.00		.00	.000	.00		.00
OTHER	101	121	_	817.29	_	6.75	.016	8.09	_	.11
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000 \$		\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000 \$		\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000		\$	.00
PEDIATRIC NURSE PRACTITIONER		0	\$	.00	\$	.00	.000 \$		\$	.00
FAMILY NURSE PRACTITIONER	5	11	\$	196.02	\$	17.82	.001 \$		\$	.03
@TOTAL HOSPITAL	440	1,231	\$	598,018.54	\$	485.80	.160 \$		\$	77.59
HOSP INPATIENT TOTAL	162	161		570,354.03		3542.57	.021	3520.70		74.00
HSC HOSPITALS	3	11		13,618.08		1238.01	.001	4539.36		1.77
NON-HSC HOSPITAL TOTAL	23	150		447,035.64		2980.24	.019	19436.33		58.00
ACCOMMODATIONS	23	150		84,424.03		562.83	.019	3670.61		10.95
ADMINISTRATIVE DAYS	1	3		599.82		199.94	.000	599.82		.08
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	22	147		83,824.21		570.23	.019	3810.19		10.88
ANCILLARIES	23	0		362,611.61		.00	.000	15765.72		47.05
INPATIENT CROSSOVERS	136	0		109,700.31		.00	.000	806.62		14.23
ALL OTHER INPATIENT	130	0		.00		.00	.000	.00		.00
VDD OTHER INLUTENT	U	U		.00		.00	.000	.00		.00

HOSP OUTPATIENT TOTAL

@COUNTY HOSPITAL TOTAL

HSC HOSPITALS

CROSSOVERS/ALL OTH OUTPINT

CO HOSPITAL INPATIENT TOTAL

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

293

0

0

0

2

0

0

0

0

291

1,070

1,067

0

3

0

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0

0

27,664.51

27,248.31

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416.20

25.85

138.73

25.54

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NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES	S MONTH-OF-PAYMENT RI	EPORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 18,315
MOP024	FEE-FOR-SERVICE	/DENTAL					03/14/05
YUBA COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC AS	SSISTANCE - AGED				
					MON	THLY AVERA	GE
7,707 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	440	1,231	\$ 598,018.54	\$ 485.80	.160 \$	1359.13	\$ 77.59
COMM HOSP INPATIENT TOTAL	162	161	570,354.03	3542.57	.021	3520.70	74.00
HSC HOSPITALS	3	11	13,618.08	1238.01	.001	4539.36	1.77
NON-HSC HOSPITALS TOTAL	23	150	447,035.64	2980.24	.019	19436.33	58.00
ACCOMMODATIONS	23	150	84,424.03	562.83	.019	3670.61	10.95
ADMINISTRATIVE DAYS	1	3	599.82	199.94	.000	599.82	.08
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	22	147	83,824.21	570.23	.019	3810.19	10.88
ANCILLARIES	23	0	362,611.61	.00	.000	15765.72	47.05
INPATIENT CROSSOVERS	136	0	109,700.31	.00	.000	806.62	14.23
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
			• 0 0	• • •	• 0 0 0	• 0 0	• 0 0

COMM HOSP OUTPATIENT TOTAL	293	1,070		27,664.51		25.85	.139		94.42		3.59
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	2	3		416.20		138.73	.000		208.10		.05
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT		1,067		27,248.31		25.54	.138		93.64		3.54
@STATE HOSPITAL	0	0	\$	.00	\$	.00		\$		\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	166	2,983	\$	468,761.65	\$	157.14	.387	\$	2823.87	\$	60.82
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	166	2,983		468,761.65		157.14	.387		2823.87		60.82
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	65	96	\$	35,531.11	\$	370.12	.012	\$	546.63	\$	4.61
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	65	96		35,531.11		370.12	.012		546.63		4.61
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	28	87	\$	780.74	\$	8.97	.011	\$	27.88	\$	.10
PATHOLOGY	14	61		549.83		9.01	.008		39.27		.07
XO AND OTHERS	14	26		230.91		8.88	.003		16.49		.03
@ORGANIZED OUTPATIENT CLINIC	1,172	2,551	\$	80,571.29	\$	31.58	.331	\$	68.75	\$	10.45
CLINIC	12	232		4,479.07		19.31	.030		373.26		.58
SURGICENTER	26	31		4,146.39		133.75	.004		159.48		.54
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,139	2,288		71,945.83		31.44	.297		63.17		9.34
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	JRES 1	MONTH-OF-PAYMENT RI	EPOR'	T FOR JAN	2004 THRU	DEC	2004	P	AGE 18,316
MOP024	FEE-FOR-SERVICE/DENTAL	L									03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FO	OR PUBLIC	C ASS	ISTANCE - AGED							

----- MONTHLY AVERAGE -----7,707 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 1,692 91,385 265,521.62 11.857 \$ 156.93 \$ @ALL OTHER PROVIDERS 2.91 34.45 292.08 DURABLE MED. EQUIP. 44 122 12,851.71 105.34 .016 1.67 0 .00 BLOOD BANK 0 .00 .000 .00 .00 57 4,037.67 HEARING AID DISPENSERS 41 70.84 .007 98.48 .52 85 MEDICAL TRANSPORTATION 8,569 30,869.50 3.60 1.112 363.17 4.01 AMBULANCES/AIR TRANS 1 118.20 .000 118.20 .02 118.20 62 30,150.59 3.58 486.30 OTHER TRANS 8,431 1.094 3.91 OTHER SERVICES 26 137 600.71 4.38 .018 23.10 .08 33.79 ACUPUNCTURE 4 135.14 19.31 .001 .02 ADULT DAY HEALTH CARE CTR 12 211 14,681.38 69.58 1223.45 .027 1.90 .00 GENETIC DISEASE TESTING Ω Ω .00 .000 .00 .00 270 121,200.97 1,832 66.16 .238 448.89 15.73 IHMC, MODEL-NF, NF, AIDS, MSSP 0 .00 .00 OCCUPATIONAL THERAPIST 0 .00 .00 .000 OPTICIAN 168 413 28.85 4,846.29 11.73 .054 .63 PHYSICAL THERAPIST 2 1.62 .000 .81 .00

PORTABLE X-RAY	7	8	5.55	.69	.001	.79	.00
PROSTHETIST/ORTHOTISTS	9	34	521.28	15.33	.004	57.92	.07
PROSTHETICS	9	34	521.28	15.33	.004	57.92	.07
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	33	57	5,551.05	97.39	.007	168.21	.72
HOSPICE SERVICES	11	219	23,526.02	107.42	.028	2138.73	3.05
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	5	64.55	12.91	.001	64.55	.01
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,178	79 <b>,</b> 849	47,228.89	.59	10.361	40.09	6.13
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	2,641	16,205	\$ 392 <b>,</b> 673.08	\$ 24.23	2.103	\$ 148.68	\$ 50.95

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,317 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

YUBA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

YUBA COUNTY	SUMMARY OF SER	VICES FOR PUBLIC A	SSI	STANCE - BLIND					
						MC			
781 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		UNITS/DAYS	' اد	COST PER	COST PER
		OR DAYS OF CARE			UNIT/DAY			USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	662	18,619	\$	671,152.46	\$ 36.05			1013.83	859.35
@PHYSICIANS SERVICES	192	710	\$	35 <b>,</b> 304.87	\$ 	.909	\$	183.88	\$ 45.20
OUTPATIENT VISITS	60	82		3 <b>,</b> 167.55	38.63	.105		52.79	4.06
OFFICE VISITS	47	62		2,050.18	33.07	.079		43.62	2.63
HOME VISITS	0	0		.00	.00	.000		.00	.00
EMERGENCY ROOM	2	2		136.70	68.35	.003		68.35	.18
PREVENTIVE CARE	0	0		.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	3	9		675.98	75.11	.012		225.33	.87
OTHER OUTPATIENT	8	9		304.69	33.85	.012		38.09	.39
INPATIENT VISITS	15	80		3,885.09	48.56	.102		259.01	4.97
HOSPITAL VISITS	14	75		3,463.99	46.19	.096		247.43	4.44
CRITICAL CARE	1	3		302.10	100.70	.004		302.10	.39
SNF/ICF/TRANS IP CARE	2	2		119.00	59.50	.003		59.50	.15
OPHTHALMOLOGICAL SERVICES	13	12		466.63	38.89	.015		35.89	.60
EXAMINATIONS	13	12		466.63	38.89	.015		35.89	.60
SERVICES AND MATERIALS	0	0		.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	9	51		3,150.41	61.77	.065		350.05	4.03
PRINCIPAL SURGEON	8	9		1,993.00	221.44	.012		249.13	2.55
ASSISTANT SURGEON	1	1		107.22	107.22	.001		107.22	.14
ANESTHESIOLOGIST	5	41		1,050.19	25.61	.052		210.04	1.34
OUTPATIENT SURGERY	15	37		8,106.88	219.10	.047		540.46	10.38
PRINCIPAL SURGEON	12	20		7,410.33	370.52	.026		617.53	9.49
ASSISTANT SURGEON	1	1		244.60	244.60	.001		244.60	.31
ANESTHESIOLOGIST	3	16		451.95	28.25	.020		150.65	.58
DIALYSIS	16	50		3,690.53	73.81	.064		230.66	4.73
PATHOLOGY	1	1		8.08	8.08	.001		8.08	.01
RADIOLOGY	54	124		7,200.96	58.07	.159		133.35	9.22
PSYCHIATRY	0	0		.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	1	2		12.43	6.22	.003		12.43	.02
OTHER SERVICES/ALL X-OVERS	97	271		5,616.31	20.72	.347		57.90	7.19
@PHARMACY	502	7,370	\$	201,018.85	\$ 27.28	9.437	\$	400.44	\$ 257.39
PRESCRIPTION DRUGS	480	2,114		188,272.73	89.06	2.707		392.23	241.07

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	9	134		7,719.80		57.61	.172		857.76		9.88
OUTPATIENTS	472	1,980		180,552.93		91.19	2.535		382.53		231.18
MEDICAL SUPPLIES	106	5,256		12,746.12		2.43	6.730		120.25		16.32
@DENTIST	20	80	\$	3,359.00	\$	41.99	.102	\$	167.95	\$	4.30
VISITS - DIAGNOSTIC	11	50		568.00		11.36	.064		51.64		.73
ORAL SURGERY	3	3		296.00		98.67	.004		98.67		.38
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	4	4		409.00		102.25	.005		102.25		.52
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	1	2		117.00		58.50	.003		117.00		.15
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	6	21		1,969.00		93.76	.027		328.17		2.52
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITU	RES	MONTH-OF-PAYMENT RI	EPORT	FOR JAN	2004 THRU	DEC	2004	PP	AGE 18,318
MOP024	FEE-FOR-SERVICE/DENT	AL									03/14/05

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND YUBA COUNTY

IOBA COUNTI	SUMMARY OF SER	VICES FOR PUBLIC	ASSIS	STANCE - BLIND			 	~-	
			_		 		THLY AVERA	GE	
781 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	ERAGE COST		COST PER		COST PER
		OR DAYS OF CAR			R UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	8	26	\$	482.96	\$ 18.58	.033	\$	\$	.62
DIAGNOSTIC AND ANC. PROCED	4	5		152.23	30.45	.006	38.06		.19
EYE APPLIANCES	6	21		330.73	15.75	.027	55.12		.42
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00		.00
@CHIROPRACTOR	4	14	\$	200.64	\$ 14.33	.018	\$	\$	.26
VISITS	4	14		200.64	14.33	.018	50.16		.26
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
@PODIATRIST	19	30	\$	529.36	\$ 17.65	.038	\$ 27.86	\$	.68
MEDICINE/INJECTIONS	11	19		444.00	23.37	.024	40.36		.57
SURGERY/ANES.	0	0		.00	.00	.000	.00		.00
RADIO./PATHOLOGY	1	1		8.65	8.65	.001	8.65		.01
OTHER	8	10		76.71	7.67	.013	9.59		.10
@HOME HEALTH AGENCY	29	2,460	\$	74,862.73	\$ 30.43	3.150	\$ 2581.47	\$	95.85
NURSE ANESTHESIST	1	3	\$	81.77	\$ 27.26	.004	\$ 81.77	\$	.10
NURSE MIDWIFE	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00
FAMILY NURSE PRACTITIONER	17	46	\$	672.28	\$ 14.61	.059	\$ 39.55	\$	.86
@TOTAL HOSPITAL	97	545	\$	197,989.17	\$ 363.28	.698	\$ 2041.13	\$	253.51
HOSP INPATIENT TOTAL	24	97		185,929.25	1916.80	.124	7747.05		238.07
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	15	97		178,552.92	1840.75	.124	11903.53		228.62
ACCOMMODATIONS	15	97		46,992.23	484.46	.124	3132.82		60.17
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	15	97		46,992.23	484.46	.124	3132.82		60.17
ANCILLARIES	15	0		131,560.69	.00	.000	8770.71		168.45
INPATIENT CROSSOVERS	9	0		7,376.33	.00	.000	819.59		9.44
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	85	448		12,059.92	26.92	.574	141.88		15.44
MEDICAL	30	61		2,742.17	44.95	.078	91.41		3.51
SURGERY	13	13		794.45	61.11	.017	61.11		1.02
PATHOLOGY	37	178		2,193.88	12.33	.228	59.29		2.81
				,					

RADIOLOGY	33	41	2,860.18	69.76	.052	86.67	3.66
ROOM USE	37	44	1,853.01	42.11	.056	50.08	2.37
CROSSOVERS/ALL OTH OUTPINT	36	111	1,616.23	14.56	.142	44.90	2.07
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURES	MONTH-OF-PAYMENT RE	PORT FOR JAN	2004 THRU DEC	2004	PAGE 18,319
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR	PUBLIC AS	SISTANCE - BLIND				

----- MONTHLY AVERAGE -----

701 FF FOTDI FG				***************************************		ONTHEL AVERA	ш	COOF DED
781 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	97	545	\$ 197,989.17	\$ 363.28	.698	•	\$	253.51
COMM HOSP INPATIENT TOTAL	24	97	185,929.25	1916.80	.124	7747.05		238.07
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	15	97	178,552.92	1840.75	.124	11903.53		228.62
ACCOMMODATIONS	15	97	46,992.23	484.46	.124	3132.82		60.17
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	15	97	46,992.23	484.46	.124	3132.82		60.17
ANCILLARIES	15	0	131,560.69	.00	.000	8770.71		168.45
INPATIENT CROSSOVERS	9	0	7,376.33	.00	.000	819.59		9.44
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	85	448	12,059.92	26.92	.574	141.88		15.44
MEDICAL	30	61	2,742.17	44.95	.078	91.41		3.51
SURGERY	13	13	794.45	61.11	.017	61.11		1.02
PATHOLOGY	37	178	2,193.88	12.33	.228	59.29		2.81
RADIOLOGY	33	41	2,860.18	69.76	.052	86.67		3.66
ROOM USE	37	44	1,853.01	42.11	.056	50.08		2.37
CROSSOVERS/ALL OTH OUTPINT	36	111	1,616.23	14.56	.142	44.90		2.07
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$	.00
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00
@NURSING FACILITY	4	139	\$ 16,599.15	\$ 119.42	.178	\$ 4149.79	\$	21.25
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	4	139	16,599.15	119.42	.178	4149.79		21.25
@INTERMEDIATE CARE FACILDD	0	0	\$ .00	\$ .00	.000		\$	.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	38	1,019	\$	64,555.55	\$	63.35	1.305	\$	1698.83	\$	82.66
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	38	1,019		64,555.55		63.35	1.305		1698.83		82.66
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	59	270	\$	3,155.09	\$	11.69	.346	\$	53.48	\$	4.04
PATHOLOGY	59	270		3,155.09		11.69	.346		53.48		4.04
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	186	373	\$	25,155.81	\$	67.44	.478	\$	135.25	\$	32.21
CLINIC	1	7		326.42		46.63	.009		326.42		.42
SURGICENTER	4	15		1,031.55		68.77	.019		257.89		1.32
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	183	351		23,797.84		67.80	.449		130.04		30.47
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES	MONTH-OF-PAYMENT R	EPOR	T FOR JAN 2	2004 THRU	DEC	2004	P	AGE 18,320
MOP024	FEE-FOR-SERVICE	/DENTAL									03/14/05
YUBA COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC	ASS	ISTANCE - BLIND							
							M	ONT	HLY AVERA	GΕ	
781 ELIGIBLES	USERS	UNITS OF SERVICE	₹.	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	₹.		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	147	5 <b>,</b> 534	\$	47,185.23	\$	8.53	7.086	\$	320.99	\$	60.42
DURABLE MED. EQUIP.	24	47		11,339.29		241.26	.060		472.47		14.52
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	5	10		1,485.17		148.52	.013		297.03		1.90
MEDICAL TRANSPORTATION	50	5,146		24,678.51		4.80	6.589		493.57		31.60
AMBULANCES/AIR TRANS	17	151		3 <b>,</b> 526.86		23.36	.193		207.46		4.52
OTHER TRANS	36	4,993		21,124.15		4.23	6.393		586.78		27.05
OTHER SERVICES	1	2		27.50		13.75	.003		27.50		.04
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00

ADULT DAY HEALTH CARE CTR	1	1	73.06	73.06	.001		73.06	.09
GENETIC DISEASE TESTING	0	0	.00	.00	.000		.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	17	90	7,422.19	82.47	.115	4	36.60	9.50
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000		.00	.00
OPTICIAN	8	24	321.22	13.38	.031		40.15	.41
PHYSICAL THERAPIST	5	31	446.88	14.42	.040		89.38	.57
PORTABLE X-RAY	0	0	.00	.00	.000		.00	.00
PROSTHETIST/ORTHOTISTS	1	1	80.69	80.69	.001		80.69	.10
PROSTHETICS	1	1	80.69	80.69	.001		80.69	.10
ORTHOTICS	0	0	.00	.00	.000		.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000		.00	.00
SPEECH AND AUDIOLOGY	2	2	72.70	36.35	.003		36.35	.09
HOSPICE SERVICES	0	0	.00	.00	.000		.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000		.00	.00
LOCAL EDUCATION AGENCIES	7	81	453.38	5.60	.104		64.77	.58
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000		.00	.00
ALL OTHER PROVIDERS	42	101	812.14	8.04	.129		19.34	1.04
@CALIF. CHILDREN SERVICES*	23	112	\$ 18,366.16	\$ 163.98	.143	\$ 7	98.53	\$ 23.52
@XOVER EXCLUDING STATE HOSP**	113	396	\$ 29,545.30	\$ 74.61	.507	\$ 2	61.46	\$ 37.83

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,321
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YUBA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

----- MONTHLY AVERAGE -----

40,985 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 37,463 37.77 759.28 \$ 694.03 @TOTAL, ALL PROVIDERS 753,018 28,444,800.89 18.373 \$ 37,446 @PHYSICIANS SERVICES 9,740 1,181,530.91 31.55 .914 \$ 121.31 \$ 48.38 OUTPATIENT VISITS 3,514 4,922 170,008.08 34.54 .120 4.15 OFFICE VISITS 3,057 4,258 139,132.46 32.68 .104 45.51 3.39 31 36 49.68 .001 57.69 .04 HOME VISITS 1,788.40 EMERGENCY ROOM 192 221 14,342.83 64.90 .005 74.70 .35 3 PREVENTIVE CARE 3 106.77 35.59 .000 35.59 .00 34 45 4,253.44 94.52 .001 125.10 OB VISITS/COMPRE PERI 294 28.93 359 10,384.18 .009 35.32 .25 OTHER OUTPATIENT 526 INPATIENT VISITS 2,054 105,303.43 51.27 .050 200.20 2.57 466 1,757 167.92 HOSPITAL VISITS 78,248.46 .043 174 CRITICAL CARE 47 23,052.83 132.49 .004 490.49 .56 62 SNF/ICF/TRANS IP CARE 123 4,002.14 32.54 .003 64.55 .10 345 454 38.42 50.56 OPHTHALMOLOGICAL SERVICES .011 .43 17,444.78 EXAMINATIONS 342 448 17,289.49 38.59 .011 50.55 .42 6 6 155.29 25.88 .000 25.88 SERVICES AND MATERIALS .00 329 1,879 173,945.19 92.57 .046 528.71 INPATIENT HOSPITAL SURGERY 258 133,841.21 376 355.96 .009 518.76 PRINCIPAL SURGEON 3.27 41 41 9,934.52 242.31 242.31 ASSISTANT SURGEON .001 .24 269.37 ANESTHESIOLOGIST 112 1,462 20.64 .036 30,169.46 259.85 OUTPATIENT SURGERY 518 1,346 134,601.21 100.00 .033 3.28 431 576 116,618.85 202.46 270.58 PRINCIPAL SURGEON .014 2.85 6 849.41 141.57 .000 141.57 .02 ASSISTANT SURGEON 17,132.95 22.43 150.29 ANESTHESIOLOGIST 114 764 .019 .42 75 216 19,569.58 DIALYSIS 90.60 .005 260.93 .48 PATHOLOGY 340 10,815.35 16.26 .016 31.81

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	3,209	6,255		244,699.76		39.12	.153		76.25		5.97
PSYCHIATRY	6	6		238.19		39.70	.000		39.70		.01
IMMUNIZATION AND INJECTION	190	1,112		9,228.70		8.30	.027		48.57		.23
OTHER SERVICES/ALL X-OVERS	4,409	18 <b>,</b> 537		295,676.64		15.95	.452		67.06		7.21
@PHARMACY	28 <b>,</b> 256	349 <b>,</b> 928	\$	14,288,194.10	\$	40.83	8.538	\$	505.67	\$	348.62
PRESCRIPTION DRUGS	27 <b>,</b> 830	126,798		13,375,482.74		105.49	3.094		480.61		326.35
SNF/ICF	264	2,758		212,437.18		77.03	.067		804.69		5.18
OUTPATIENTS	27 <b>,</b> 611	124,040		13,163,045.56		106.12	3.026		476.73		321.17
MEDICAL SUPPLIES	3,053	223,130		912,711.36		4.09	5.444		298.96		22.27
@DENTIST	1,802	8,307	\$	356,370.44	\$	42.90	.203	\$	197.76	\$	8.70
VISITS - DIAGNOSTIC	1,141	4,894		61,204.79		12.51	.119		53.64		1.49
ORAL SURGERY	288	906		50,289.00		55.51	.022		174.61		1.23
DRUGS	10	10		215.00		21.50	.000		21.50		.01
ANESTHESIA	14	14		1,390.00		99.29	.000		99.29		.03
PERIODONTICS	109	116		12,962.00		111.74	.003		118.92		.32
ENDODONTICS	103	154		34,630.00		224.87	.004		336.21		.84
RESTORATIVE DENTISTRY	514	1,400		88 <b>,</b> 310.65		63.08	.034		171.81		2.15
PROSTHETICS	13	15		920.00		61.33	.000		70.77		.02
DENTURES, STAYPLATES	242	645		98 <b>,</b> 763.00		153.12	.016		408.11		2.41
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	3	3		146.00		48.67	.000		48.67		.00
FRACTURES, DISLOCATIONS	1	1		500.00		500.00	.000		500.00		.01
ORTHODONTIC SERVICES	55	77		6,815.00		88.51	.002		123.91		.17
ALL OTHER SERVICES	71	72		225.00		3.13	.002		3.17		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	IRES	MONTH-OF-PAYMENT RE	EPOR'	T FOR JAN	2004 THRU	DEC	2004	P	AGE 18,322
MOP024	FEE-FOR-SERVICE/DE	NTAL									03/14/05

10211 0001111	DOIMMING OF OBIG	VIOLO FOR FODLIO	11001	CIIIIOE DIDIEDED						~-	
			_						THLY AVERA	GE	
40,985 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES			UNITS/DAY	-	COST PER		COST PER
		OR DAYS OF CAR				IIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	1,051	3 <b>,</b> 077	\$	63,510.82		0.64	.075	\$		\$	1.55
DIAGNOSTIC AND ANC. PROCED	544	651		23,570.87		6.21	.016		43.33		.58
EYE APPLIANCES	842	2,370		38,525.47		6.26	.058		45.75		.94
OTHER OPTOMETRIC SERVICES	39	56		1,414.48		5.26	.001		36.27		.03
@CHIROPRACTOR	347	1,089	\$	.,		5.56	.027	\$		\$	.41
VISITS	331	1 <b>,</b> 053		16,502.64		5.67	.026		49.86		.40
OTHER SERVICES	16	36		437.16		2.14	.001		27.32		.01
@PODIATRIST	186	219	\$	2,594.93	\$ 1	1.85	.005	\$	13.95	\$	.06
MEDICINE/INJECTIONS	43	44		1,153.60		6.22	.001		26.83		.03
SURGERY/ANES.	2	2		265.45		2.73	.000		132.73		.01
RADIO./PATHOLOGY	3	3		51.90	1	7.30	.000		17.30		.00
OTHER	141	170		1,123.98		6.61	.004		7.97		.03
@HOME HEALTH AGENCY	280	3,446	\$	157,742.49	\$ 4	5.78	.084	\$	563.37	\$	3.85
NURSE ANESTHESIST	26	294	\$	2,438.35	\$	8.29	.007	\$	93.78	\$	.06
NURSE MIDWIFE	11	22	\$	10,329.07	\$ 46	9.50	.001	\$	939.01	\$	.25
PEDIATRIC NURSE PRACTITIONER	1	1	\$	57.20	\$ 5	7.20	.000	\$	57.20	\$	.00
FAMILY NURSE PRACTITIONER	1,245	2,964	\$	43,898.24	\$ 1	4.81	.072	\$	35.26	\$	1.07
@TOTAL HOSPITAL	6,013	33,839	\$	7,704,971.61	\$ 22	7.70	.826	\$	1281.39	\$	187.99
HOSP INPATIENT TOTAL	798	3,343		6,637,469.00	198	5.48	.082		8317.63		161.95
HSC HOSPITALS	86	463		589,371.10	127	2.94	.011		6853.15		14.38
NON-HSC HOSPITAL TOTAL	510	2,880		5,859,930.67	203	4.70	.070		11490.06		142.98
ACCOMMODATIONS	509	2,880		1,461,017.68	50	7.30	.070		2870.37		35.65
ADMINISTRATIVE DAYS	4	22		4,894.39	22	2.47	.001		1223.60		.12
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	505	2,858		1,456,123.29	50	9.49	.070		2883.41		35.53
ANCILLARIES	510	0		4,398,912.99		.00	.000		8625.32		107.33

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

YUBA COUNTY

INPATIENT CROSSOVERS	214	0	188,167.23	.00	.000	879.29	4.59
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5,565	30,496	1,067,502.61	35.00	.744	191.82	26.05
					./44	96.25	
MEDICAL	1,880	3,549	180,944.60	50.98		96.25	4.41
SURGERY	432	535	27,578.34	51.55	.013	63.84	.67
PATHOLOGY	2,097	11 <b>,</b> 076	136 <b>,</b> 757.87	12.35	.270	65.22	3.34
RADIOLOGY	2,256	3 <b>,</b> 572	298,197.03	83.48	.087	132.18	7.28
ROOM USE	2,114	3,013	123,185.61	40.88	.074	58.27	3.01
CROSSOVERS/ALL OTH OUTPTNT	2,217	8 <b>,</b> 751	300,839.16	34.38	.214	135.70	7.34
@COUNTY HOSPITAL TOTAL	9	39 \$	1,200.07	\$ 30.77	.001 \$		
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
	0						
HSC HOSPITALS	Ü	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER INPATIENT	U		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	9	39	1,200.07	30.77	.001	133.34	.03
MEDICAL	3	4	160.59	40.15	.000	53.53	.00
SURGERY	1	1	4.37	4.37	.000	4.37	.00
PATHOLOGY	1	15	223.02	14.87	.000	223.02	.01
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	3	3	105.36	35.12	.000	35.12	.00
CROSSOVERS/ALL OTH OUTPINT	5	16	706.73	44.17	.000	141.35	.02
#CALIF DEPT OF HEALTH SERV MOP024		ES AND EXPENDITURES MO	UNTH-OF-PAIMENT RE	LPORT FOR JAN	2004 THRU DE	C 2004	PAGE 18,323
	FEE-FOR-SERVICE						03/14/05
YUBA COUNTY		I/DENTAL ICES FOR PUBLIC ASSI	STANCE - DISABLED				
			STANCE - DISABLED		MON	THLY AVERA	03/14/05 GE
			STANCE - DISABLED  EXPENDITURES	AVERAGE COST			
YUBA COUNTY	SUMMARY OF SERV	TICES FOR PUBLIC ASSI		AVERAGE COST PER UNIT/DAY	UNITS/DAYS		GE
YUBA COUNTY 40,985 ELIGIBLES	SUMMARY OF SERV	TICES FOR PUBLIC ASSI UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	GE COST PER ELIGIBLE
YUBA COUNTY  40,985 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL	SUMMARY OF SERV USERS 6,006	UNITS OF SERVICE OR DAYS OF CARE 33,800 \$	EXPENDITURES 7,703,771.54	PER UNIT/DAY \$ 227.92	UNITS/DAYS PER ELIG .825 \$	COST PER USER 1282.68	GE COST PER ELIGIBLE \$ 187.97
YUBA COUNTY  40,985 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	SUMMARY OF SERV USERS 6,006 798	UNITS OF SERVICE OR DAYS OF CARE 33,800 \$ 3,343	EXPENDITURES 7,703,771.54 6,637,469.00	PER UNIT/DAY \$ 227.92 1985.48	UNITS/DAYS PER ELIG .825 \$ .082	COST PER USER 1282.68 8317.63	GE COST PER ELIGIBLE \$ 187.97 161.95
YUBA COUNTY  40,985 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	SUMMARY OF SERV USERS 6,006 798 86	UNITS OF SERVICE OR DAYS OF CARE 33,800 \$ 3,343 463	EXPENDITURES 7,703,771.54 6,637,469.00 589,371.10	PER UNIT/DAY \$ 227.92 1985.48 1272.94	UNITS/DAYS PER ELIG .825 \$ .082 .011	COST PER USER 1282.68 8317.63 6853.15	GE COST PER ELIGIBLE \$ 187.97 161.95 14.38
YUBA COUNTY  40,985 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	USERS 6,006 798 86 510	UNITS OF SERVICE OR DAYS OF CARE 33,800 \$ 3,343 463 2,880	EXPENDITURES 7,703,771.54 6,637,469.00 589,371.10	PER UNIT/DAY \$ 227.92 1985.48 1272.94	UNITS/DAYS PER ELIG .825 \$ .082 .011 .070	COST PER USER 1282.68 8317.63 6853.15 11490.06	GE COST PER ELIGIBLE \$ 187.97 161.95 14.38 142.98
YUBA COUNTY  40,985 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	SUMMARY OF SERV USERS 6,006 798 86 510 509	UNITS OF SERVICE OR DAYS OF CARE 33,800 \$ 3,343 463 2,880 2,880	7,703,771.54 6,637,469.00 589,371.10 5,859,930.67 1,461,017.68	PER UNIT/DAY \$ 227.92 1985.48 1272.94 2034.70 507.30	UNITS/DAYS PER ELIG .825 \$ .082 .011 .070 .070	COST PER USER 1282.68 8317.63 6853.15 11490.06 2870.37	GE COST PER ELIGIBLE \$ 187.97 161.95 14.38 142.98 35.65
YUBA COUNTY  40,985 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	SUMMARY OF SERV USERS 6,006 798 86 510 509 4	UNITS OF SERVICE OR DAYS OF CARE 33,800 \$ 3,343 463 2,880 2,880 22	7,703,771.54 6,637,469.00 589,371.10 5,859,930.67 1,461,017.68 4,894.39	PER UNIT/DAY \$ 227.92 1985.48 1272.94 2034.70 507.30 222.47	UNITS/DAYS PER ELIG .825 \$ .082 .011 .070 .070 .001	COST PER USER 1282.68 8317.63 6853.15 11490.06 2870.37 1223.60	GE COST PER ELIGIBLE \$ 187.97 161.95 14.38 142.98 35.65 .12
YUBA COUNTY  40,985 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	SUMMARY OF SERV USERS  6,006 798 86 510 509 4 0	UNITS OF SERVICE OR DAYS OF CARE 33,800 \$ 3,343 463 2,880 2,880 2,880 22 0	EXPENDITURES 7,703,771.54 6,637,469.00 589,371.10 5,859,930.67 1,461,017.68 4,894.39 .00	PER UNIT/DAY \$ 227.92 1985.48 1272.94 2034.70 507.30 222.47 .00	UNITS/DAYS PER ELIG .825 \$ .082 .011 .070 .070 .001 .000	COST PER USER 1282.68 8317.63 6853.15 11490.06 2870.37 1223.60 .00	GE COST PER ELIGIBLE \$ 187.97 161.95 14.38 142.98 35.65 .12 .00
YUBA COUNTY  40,985 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	SUMMARY OF SERV USERS 6,006 798 86 510 509 4	UNITS OF SERVICE OR DAYS OF CARE 33,800 \$ 3,343 463 2,880 2,880 22	7,703,771.54 6,637,469.00 589,371.10 5,859,930.67 1,461,017.68 4,894.39	PER UNIT/DAY \$ 227.92 1985.48 1272.94 2034.70 507.30 222.47	UNITS/DAYS PER ELIG .825 \$ .082 .011 .070 .070 .001	COST PER USER 1282.68 8317.63 6853.15 11490.06 2870.37 1223.60	GE COST PER ELIGIBLE \$ 187.97 161.95 14.38 142.98 35.65 .12
YUBA COUNTY  40,985 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	SUMMARY OF SERV USERS  6,006 798 86 510 509 4 0	UNITS OF SERVICE OR DAYS OF CARE 33,800 \$ 3,343 463 2,880 2,880 2,880 22 0	EXPENDITURES 7,703,771.54 6,637,469.00 589,371.10 5,859,930.67 1,461,017.68 4,894.39 .00 1,456,123.29	PER UNIT/DAY \$ 227.92 1985.48 1272.94 2034.70 507.30 222.47 .00	UNITS/DAYS PER ELIG .825 \$ .082 .011 .070 .070 .001 .000	COST PER USER 1282.68 8317.63 6853.15 11490.06 2870.37 1223.60 .00	GE COST PER ELIGIBLE \$ 187.97 161.95 14.38 142.98 35.65 .12 .00
YUBA COUNTY  40,985 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	SUMMARY OF SERV USERS  6,006 798 86 510 509 4 0 505 510	UNITS OF SERVICE OR DAYS OF CARE 33,800 \$ 3,343 463 2,880 2,880 2,880 22 0 2,858 0	EXPENDITURES  7,703,771.54 6,637,469.00 589,371.10 5,859,930.67 1,461,017.68 4,894.39 .00 1,456,123.29 4,398,912.99	PER UNIT/DAY \$ 227.92 1985.48 1272.94 2034.70 507.30 222.47 .00 509.49 .00	UNITS/DAYS PER ELIG .825 \$ .082 .011 .070 .070 .001 .000 .070 .000	COST PER USER 1282.68 8317.63 6853.15 11490.06 2870.37 1223.60 .00 2883.41 8625.32	GE COST PER ELIGIBLE \$ 187.97 161.95 14.38 142.98 35.65 .12 .00 35.53 107.33
YUBA COUNTY  40,985 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	SUMMARY OF SERV USERS  6,006 798 86 510 509 4 0 505 510 214	UNITS OF SERVICE OR DAYS OF CARE 33,800 \$ 3,343 463 2,880 2,880 2,880 2,880 0 0	EXPENDITURES  7,703,771.54 6,637,469.00 589,371.10 5,859,930.67 1,461,017.68 4,894.39 .00 1,456,123.29 4,398,912.99 188,167.23	PER UNIT/DAY \$ 227.92 1985.48 1272.94 2034.70 507.30 222.47 .00 509.49 .00 .00	UNITS/DAYS PER ELIG .825 \$ .082 .011 .070 .070 .001 .000 .070 .000	COST PER USER 1282.68 8317.63 6853.15 11490.06 2870.37 1223.60 .00 2883.41 8625.32 879.29	GE  COST PER ELIGIBLE \$ 187.97 161.95 14.38 142.98 35.65 .12 .00 35.53 107.33 4.59
YUBA COUNTY  40,985 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	USERS  6,006  798  86  510  509  4  0  505  510  214  0	UNITS OF SERVICE OR DAYS OF CARE 33,800 \$ 3,343 463 2,880 2,880 2,880 2,880 0 0 0	EXPENDITURES  7,703,771.54 6,637,469.00 589,371.10 5,859,930.67 1,461,017.68 4,894.39 .00 1,456,123.29 4,398,912.99 188,167.23	PER UNIT/DAY \$ 227.92 1985.48 1272.94 2034.70 507.30 222.47 .00 509.49 .00 .00	UNITS/DAYS PER ELIG .825 \$ .082 .011 .070 .070 .001 .000 .070 .000 .000	COST PER USER 1282.68 8317.63 6853.15 11490.06 2870.37 1223.60 .00 2883.41 8625.32 879.29	GE COST PER ELIGIBLE \$ 187.97 161.95 14.38 142.98 35.65 .12 .00 35.53 107.33 4.59 .00
YUBA COUNTY  40,985 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	USERS  6,006  798  86  510  509  4  0  505  510  214  0  5,558	UNITS OF SERVICE OR DAYS OF CARE 33,800 \$ 3,343 463 2,880 2,880 2,880 2,880 0 0 30,457	EXPENDITURES  7,703,771.54 6,637,469.00 589,371.10 5,859,930.67 1,461,017.68 4,894.39 .00 1,456,123.29 4,398,912.99 188,167.23 .00 1,066,302.54	PER UNIT/DAY \$ 227.92 1985.48 1272.94 2034.70 507.30 222.47 .00 509.49 .00 .00 .00 .35.01	UNITS/DAYS PER ELIG .825 \$ .082 .011 .070 .070 .001 .000 .070 .000 .070	COST PER USER 1282.68 8317.63 6853.15 11490.06 2870.37 1223.60 .00 2883.41 8625.32 879.29 .00 191.85	GE  COST PER ELIGIBLE \$ 187.97 161.95 14.38 142.98 35.65 .12 .00 35.53 107.33 4.59 .00 26.02
YUBA COUNTY  40,985 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	USERS  6,006 798 86 510 509 4 0 505 510 214 0 5,558	UNITS OF SERVICE OR DAYS OF CARE 33,800 \$ 3,343 463 2,880 2,880 2,880 22 0 2,858 0 0 30,457 3,545	EXPENDITURES  7,703,771.54 6,637,469.00 589,371.10 5,859,930.67 1,461,017.68 4,894.39 .00 1,456,123.29 4,398,912.99 188,167.23 .00 1,066,302.54 180,784.01	PER UNIT/DAY \$ 227.92 1985.48 1272.94 2034.70 507.30 222.47 .00 509.49 .00 .00 .00 .35.01 51.00	UNITS/DAYS PER ELIG .825 \$ .082 .011 .070 .070 .001 .000 .070 .000 .000	COST PER USER 1282.68 8317.63 6853.15 11490.06 2870.37 1223.60 .00 2883.41 8625.32 879.29 .00 191.85 96.32	GE  COST PER ELIGIBLE \$ 187.97 161.95 14.38 142.98 35.65 .12 .00 35.53 107.33 4.59 .00 26.02 4.41
YUBA COUNTY  40,985 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	USERS  6,006 798 86 510 509 4 0 505 510 214 0 5,558 1,877 431	UNITS OF SERVICE OR DAYS OF CARE 33,800 \$ 3,343 463 2,880 2,880 2,880 22 0 2,858 0 0 30,457 3,545 534	EXPENDITURES  7,703,771.54 6,637,469.00 589,371.10 5,859,930.67 1,461,017.68 4,894.39 .00 1,456,123.29 4,398,912.99 188,167.23 .00 1,066,302.54 180,784.01 27,573.97	PER UNIT/DAY \$ 227.92 1985.48 1272.94 2034.70 507.30 222.47 .00 509.49 .00 .00 .00 .35.01 51.00 51.64	UNITS/DAYS PER ELIG .825 \$ .082 .011 .070 .070 .001 .000 .070 .000 .070 .000 .00	COST PER USER 1282.68 8317.63 6853.15 11490.06 2870.37 1223.60 .00 2883.41 8625.32 879.29 .00 191.85 96.32 63.98	GE COST PER ELIGIBLE \$ 187.97 161.95 14.38 142.98 35.65 .12 .00 35.53 107.33 4.59 .00 26.02 4.41 .67
YUBA COUNTY  40,985 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	USERS  6,006 798 86 510 509 4 0 505 510 214 0 5,558 1,877 431 2,096	UNITS OF SERVICE OR DAYS OF CARE 33,800 \$ 3,343 463 2,880 2,880 2,880 22 0 2,858 0 0 30,457 3,545 534 11,061	EXPENDITURES  7,703,771.54 6,637,469.00 589,371.10 5,859,930.67 1,461,017.68 4,894.39 .00 1,456,123.29 4,398,912.99 188,167.23 .00 1,066,302.54 180,784.01 27,573.97 136,534.85	PER UNIT/DAY \$ 227.92 1985.48 1272.94 2034.70 507.30 222.47 .00 509.49 .00 .00 .00 .35.01 51.00 51.64 12.34	UNITS/DAYS PER ELIG .825 \$ .082 .011 .070 .070 .001 .000 .070 .000 .070 .000 .000 .000 .743 .086 .013 .270	COST PER USER 1282.68 8317.63 6853.15 11490.06 2870.37 1223.60 .00 2883.41 8625.32 879.29 .00 191.85 96.32 63.98 65.14	GE COST PER ELIGIBLE \$ 187.97 161.95 14.38 142.98 35.65 .12 .00 35.53 107.33 4.59 .00 26.02 4.41 .67 3.33
YUBA COUNTY  40,985 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	USERS  6,006 798 86 510 509 4 0 505 510 214 0 5,558 1,877 431 2,096 2,256	UNITS OF SERVICE OR DAYS OF CARE 33,800 \$ 3,343 463 2,880 2,880 2,880 22 0 2,858 0 0 30,457 3,545 534 11,061 3,572	EXPENDITURES  7,703,771.54 6,637,469.00 589,371.10 5,859,930.67 1,461,017.68 4,894.39 .00 1,456,123.29 4,398,912.99 188,167.23 .00 1,066,302.54 180,784.01 27,573.97 136,534.85 298,197.03	PER UNIT/DAY \$ 227.92 1985.48 1272.94 2034.70 507.30 222.47 .00 509.49 .00 .00 .00 .35.01 51.00 51.64 12.34 83.48	UNITS/DAYS PER ELIG .825 \$ .082 .011 .070 .070 .001 .000 .070 .000 .070 .000 .000 .000 .000 .000 .743 .086 .013 .270 .087	COST PER USER 1282.68 8317.63 6853.15 11490.06 2870.37 1223.60 .00 2883.41 8625.32 879.29 .00 191.85 96.32 63.98 65.14 132.18	GE COST PER ELIGIBLE \$ 187.97 161.95 14.38 142.98 35.65 .12 .00 35.53 107.33 4.59 .00 26.02 4.41 .67 3.33 7.28
YUBA COUNTY  40,985 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	SUMMARY OF SERV USERS  6,006 798 86 510 509 4 0 505 510 214 0 5,558 1,877 431 2,096 2,256 2,111	UNITS OF SERVICE OR DAYS OF CARE 33,800 \$ 3,343 463 2,880 2,880 2,880 22 0 2,858 0 0 30,457 3,545 534 11,061	EXPENDITURES  7,703,771.54 6,637,469.00 589,371.10 5,859,930.67 1,461,017.68 4,894.39 .00 1,456,123.29 4,398,912.99 188,167.23 .00 1,066,302.54 180,784.01 27,573.97 136,534.85 298,197.03 123,080.25	PER UNIT/DAY \$ 227.92 1985.48 1272.94 2034.70 507.30 222.47 .00 509.49 .00 .00 .00 .35.01 51.00 51.64 12.34	UNITS/DAYS PER ELIG .825 \$ .082 .011 .070 .070 .001 .000 .070 .000 .070 .000 .000 .000 .743 .086 .013 .270	COST PER USER 1282.68 8317.63 6853.15 11490.06 2870.37 1223.60 .00 2883.41 8625.32 879.29 .00 191.85 96.32 63.98 65.14 132.18 58.30	GE COST PER ELIGIBLE \$ 187.97 161.95 14.38 142.98 35.65 .12 .00 35.53 107.33 4.59 .00 26.02 4.41 .67 3.33
YUBA COUNTY  40,985 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	USERS  6,006 798 86 510 509 4 0 505 510 214 0 5,558 1,877 431 2,096 2,256	UNITS OF SERVICE OR DAYS OF CARE 33,800 \$ 3,343 463 2,880 2,880 2,880 22 0 2,858 0 0 30,457 3,545 534 11,061 3,572 3,010	EXPENDITURES  7,703,771.54 6,637,469.00 589,371.10 5,859,930.67 1,461,017.68 4,894.39 .00 1,456,123.29 4,398,912.99 188,167.23 .00 1,066,302.54 180,784.01 27,573.97 136,534.85 298,197.03	PER UNIT/DAY \$ 227.92 1985.48 1272.94 2034.70 507.30 222.47 .00 509.49 .00 .00 .00 .35.01 51.00 51.64 12.34 83.48	UNITS/DAYS PER ELIG .825 \$ .082 .011 .070 .070 .001 .000 .070 .000 .070 .000 .000 .000 .000 .000 .743 .086 .013 .270 .087	COST PER USER 1282.68 8317.63 6853.15 11490.06 2870.37 1223.60 .00 2883.41 8625.32 879.29 .00 191.85 96.32 63.98 65.14 132.18	GE  COST PER ELIGIBLE \$ 187.97 161.95 14.38 142.98 35.65 .12 .00 35.53 107.33 4.59 .00 26.02 4.41 .67 3.33 7.28
YUBA COUNTY  40,985 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT	SUMMARY OF SERV USERS  6,006 798 86 510 509 4 0 505 510 214 0 5,558 1,877 431 2,096 2,256 2,111	UNITS OF SERVICE OR DAYS OF CARE 33,800 \$ 3,343 463 2,880 2,880 2,880 22 0 2,858 0 0 30,457 3,545 534 11,061 3,572 3,010 8,735	EXPENDITURES  7,703,771.54 6,637,469.00 589,371.10 5,859,930.67 1,461,017.68 4,894.39 .00 1,456,123.29 4,398,912.99 188,167.23 .00 1,066,302.54 180,784.01 27,573.97 136,534.85 298,197.03 123,080.25 300,132.43	PER UNIT/DAY \$ 227.92 1985.48 1272.94 2034.70 507.30 222.47 .00 509.49 .00 .00 .00 .35.01 51.00 51.64 12.34 83.48 40.89 34.36	UNITS/DAYS PER ELIG .825 .082 .011 .070 .070 .001 .000 .070 .000 .070 .000 .00	COST PER USER 1282.68 8317.63 6853.15 11490.06 2870.37 1223.60 .00 2883.41 8625.32 879.29 .00 191.85 96.32 63.98 65.14 132.18 58.30 135.56	GE  COST PER ELIGIBLE \$ 187.97 161.95 14.38 142.98 35.65 .12 .00 35.53 107.33 4.59 .00 26.02 4.41 .67 3.33 7.28 3.00 7.32
YUBA COUNTY  40,985 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	USERS  6,006 798 86 510 509 4 0 505 510 214 0 5,558 1,877 431 2,096 2,256 2,111 2,214 0	UNITS OF SERVICE OR DAYS OF CARE 33,800 \$ 3,343 463 2,880 2,880 2,880 22 0 2,858 0 0 30,457 3,545 534 11,061 3,572 3,010 8,735 0 \$	EXPENDITURES  7,703,771.54 6,637,469.00 589,371.10 5,859,930.67 1,461,017.68 4,894.39 .00 1,456,123.29 4,398,912.99 188,167.23 .00 1,066,302.54 180,784.01 27,573.97 136,534.85 298,197.03 123,080.25 300,132.43 .00	PER UNIT/DAY \$ 227.92 1985.48 1272.94 2034.70 507.30 222.47 .00 509.49 .00 .00 .00 .35.01 51.00 51.64 12.34 83.48 40.89 34.36 \$ .00	UNITS/DAYS PER ELIG .825 \$ .082 .011 .070 .070 .001 .000 .070 .000 .070 .000 .000 .000 .000 .000 .743 .086 .013 .270 .087 .073 .213 .000 \$	COST PER USER 1282.68 8317.63 6853.15 11490.06 2870.37 1223.60 .00 2883.41 8625.32 879.29 .00 191.85 96.32 63.98 65.14 132.18 58.30 135.56 .00	GE  COST PER ELIGIBLE \$ 187.97 161.95 14.38 142.98 35.65 .12 .00 35.53 107.33 4.59 .00 26.02 4.41 .67 3.33 7.28 3.00 7.32 \$
YUBA COUNTY  40,985 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	SUMMARY OF SERV USERS  6,006 798 86 510 509 4 0 505 510 214 0 5,558 1,877 431 2,096 2,256 2,111 2,214 0 0	UNITS OF SERVICE OR DAYS OF CARE 33,800 \$ 3,343 463 2,880 2,880 2,880 22 0 2,858 0 0 30,457 3,545 534 11,061 3,572 3,010 8,735 0 \$ 0	EXPENDITURES  7,703,771.54 6,637,469.00 589,371.10 5,859,930.67 1,461,017.68 4,894.39 .00 1,456,123.29 4,398,912.99 188,167.23 .00 1,066,302.54 180,784.01 27,573.97 136,534.85 298,197.03 123,080.25 300,132.43 .00 .00	PER UNIT/DAY \$ 227.92 1985.48 1272.94 2034.70 507.30 222.47 .00 509.49 .00 .00 .00 .35.01 51.00 51.64 12.34 83.48 40.89 34.36 \$ .00 .00	UNITS/DAYS PER ELIG .825 \$ .082 .011 .070 .070 .001 .000 .070 .000 .000 .000 .000 .000 .743 .086 .013 .270 .087 .073 .213 .000 \$ .000 \$ .000 \$	COST PER USER 1282.68 8317.63 6853.15 11490.06 2870.37 1223.60 .00 2883.41 8625.32 879.29 .00 191.85 96.32 63.98 65.14 132.18 58.30 135.56 .00 .00	GE  COST PER  ELIGIBLE \$ 187.97 161.95 14.38 142.98 35.65 .12 .00 35.53 107.33 4.59 .00 26.02 4.41 .67 3.33 7.28 3.00 7.32 \$ .00 .00
YUBA COUNTY  40,985 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	SUMMARY OF SERV USERS  6,006 798 86 510 509 4 0 505 510 214 0 5,558 1,877 431 2,096 2,256 2,111 2,214 0 0	UNITS OF SERVICE OR DAYS OF CARE 33,800 \$ 3,343 463 2,880 2,880 2,880 2,880 0 0 30,457 3,545 534 11,061 3,572 3,010 8,735 0 \$ 0 0	EXPENDITURES  7,703,771.54 6,637,469.00 589,371.10 5,859,930.67 1,461,017.68 4,894.39 .00 1,456,123.29 4,398,912.99 188,167.23 .00 1,066,302.54 180,784.01 27,573.97 136,534.85 298,197.03 123,080.25 300,132.43 .00 .00 .00	PER UNIT/DAY \$ 227.92 1985.48 1272.94 2034.70 507.30 222.47 .00 509.49 .00 .00 .00 .35.01 51.00 51.64 12.34 83.48 40.89 34.36 \$ .00 .00 .00	UNITS/DAYS PER ELIG .825 \$ .082 .011 .070 .070 .001 .000 .070 .000 .000 .000 .000 .000 .743 .086 .013 .270 .087 .073 .213 .000 \$ .000 .000	COST PER USER 1282.68 8317.63 6853.15 11490.06 2870.37 1223.60 .00 2883.41 8625.32 879.29 .00 191.85 963.28 63.98 65.14 132.18 58.30 135.56 .00 .00 .00	GE  COST PER ELIGIBLE \$ 187.97 161.95 14.38 142.98 35.65 .12 .00 35.53 107.33 4.59 .00 26.02 4.41 .67 3.33 7.28 3.00 7.32 \$ .00 .00 .00
YUBA COUNTY  40,985 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY	SUMMARY OF SERV USERS  6,006 798 86 510 509 4 0 505 510 214 0 5,558 1,877 431 2,096 2,256 2,111 2,214 0 0 0 0 0 254	UNITS OF SERVICE OR DAYS OF CARE 33,800 \$ 3,343 463 2,880 2,880 2,880 2,880 2,858 0 0 0 30,457 3,545 534 11,061 3,572 3,010 8,735 0 \$ 0 0 5,585 \$	EXPENDITURES  7,703,771.54 6,637,469.00 589,371.10 5,859,930.67 1,461,017.68 4,894.39 .00 1,456,123.29 4,398,912.99 188,167.23 .00 1,066,302.54 180,784.01 27,573.97 136,534.85 298,197.03 123,080.25 300,132.43 .00 .00 .00 .978,604.09	PER UNIT/DAY \$ 227.92 1985.48 1272.94 2034.70 507.30 222.47 .00 509.49 .00 .00 .00 .35.01 51.00 51.64 12.34 83.48 40.89 34.36 \$ .00 .00 .00 \$ 175.22	UNITS/DAYS PER ELIG .825 \$ .082 .011 .070 .070 .001 .000 .070 .000 .000 .000 .000 .000 .743 .086 .013 .270 .087 .073 .213 .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER 1282.68 8317.63 6853.15 11490.06 2870.37 1223.60 .00 2883.41 8625.32 879.29 .00 191.85 963.28 63.98 65.14 132.18 58.30 135.56 .00 .00 .00 3852.77	GE COST PER ELIGIBLE \$ 187.97 161.95 14.38 142.98 35.65 .12 .00 35.53 107.33 4.59 .00 26.02 4.41 .67 3.33 7.28 3.00 7.32 \$ .00 .00 .00 \$ \$ 23.88
YUBA COUNTY  40,985 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	SUMMARY OF SERV USERS  6,006 798 86 510 509 4 0 505 510 214 0 5,558 1,877 431 2,096 2,256 2,111 2,214 0 0	UNITS OF SERVICE OR DAYS OF CARE 33,800 \$ 3,343 463 2,880 2,880 2,880 2,880 0 0 30,457 3,545 534 11,061 3,572 3,010 8,735 0 \$ 0 0	EXPENDITURES  7,703,771.54 6,637,469.00 589,371.10 5,859,930.67 1,461,017.68 4,894.39 .00 1,456,123.29 4,398,912.99 188,167.23 .00 1,066,302.54 180,784.01 27,573.97 136,534.85 298,197.03 123,080.25 300,132.43 .00 .00 .00	PER UNIT/DAY \$ 227.92 1985.48 1272.94 2034.70 507.30 222.47 .00 509.49 .00 .00 .00 .35.01 51.00 51.64 12.34 83.48 40.89 34.36 \$ .00 .00 .00	UNITS/DAYS PER ELIG .825 \$ .082 .011 .070 .070 .001 .000 .070 .000 .000 .000 .000 .000 .743 .086 .013 .270 .087 .073 .213 .000 \$ .000 .000	COST PER USER 1282.68 8317.63 6853.15 11490.06 2870.37 1223.60 .00 2883.41 8625.32 879.29 .00 191.85 963.28 63.98 65.14 132.18 58.30 135.56 .00 .00 .00	GE COST PER ELIGIBLE \$ 187.97 161.95 14.38 142.98 35.65 .12 .00 35.53 107.33 4.59 .00 26.02 4.41 .67 3.33 7.28 3.00 7.32 \$ .00 .00 .00

LEV B-REHAB MD	5	131		16,416.92		125.32		.003		3283.38		.40
LEV B-SUBACUTE FREESTANDING		0		.00		.00		.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	12	365		211,715.45		580.04		.009		17642.95		5.17
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00		.000		.00		.00
LEV B-REGULAR	237	5,089		750,471.72		147.47		.124		3166.55		18.31
@INTERMEDIATE CARE FACILDD	13	396	\$	82,196.73	Ś	207.57		.010	Ś	6322.83	Ś	2.01
ICF DDH	0	0	7	.00	-	.00		.000	7	.00	4	.00
ICF DD	0	0		.00		.00		.000		.00		.00
ICF DDN/DDCN	13	396		82,196.73		207.57		.010		6322.83		2.01
@HEMODIALYSIS TOTAL	269	12,943	Ś	435,546.93	Ś	33.65		.316	Ś	1619.13	Ś	10.63
HOSPITAL BASED	0	0		.00		.00		.000		.00		.00
HEMODIALYSIS CENTER	269	12,943		435,546.93		33.65		.316		1619.13		10.63
@REHABILITATION FACILITY	15	26	\$	1,172.88	\$	45.11		.001	\$	78.19	\$	.03
HOSPITAL BASED	13	23		1,082.01		47.04		.001		83.23		.03
INDEPENDENT FACILITY	2	3		90.87		30.29		.000		45.44		.00
@LABORATORY FACILITY	3,172	14,257	\$	161,468.04	\$	11.33		.348	\$	50.90	\$	3.94
PATHOLOGY	3,156	14,226		161,274.77		11.34		.347		51.10		3.93
XO AND OTHERS	17	31		193.27		6.23		.001		11.37		.00
@ORGANIZED OUTPATIENT CLINIC	11,167	22,899	\$	1,610,415.85	\$	70.33		.559	\$	144.21	\$	39.29
CLINIC	209	1,295		28,511.22		22.02		.032		136.42		.70
SURGICENTER	113	433		22,312.69		51.53		.011		197.46		.54
HEROIN DETOX CLINIC	4	37		446.90		12.08		.001		111.73		.01
RURAL HEALTH CLINIC	10,920	21,134		1,559,145.04		73.77		.516		142.78		38.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITU	JRES M	ONTH-OF-PAYMENT F	REPORT	FOR JAN	2004 '	THRU	DEC	2004	P.	AGE 18,324
MOP024	FEE-FOR-SERVICE/DEN	TAL										03/14/05
YUBA COUNTY	SUMMARY OF SERVICES	FOR PUBLIC	ASSI	STANCE - DISABLEI								
								M	ONT	HLY AVERA	GE	

					MON	THLY AVERA	GE
40,985 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	6 <b>,</b> 518	256 <b>,</b> 280 \$	1,346,818.41	\$ 5.26	6.253 \$	206.63	\$ 32.86
DURABLE MED. EQUIP.	839	2,628	285 <b>,</b> 078.77	108.48	.064	339.78	6.96
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	92	111	12,384.94	111.58	.003	134.62	.30
MEDICAL TRANSPORTATION	1,084	30 <b>,</b> 471	232,490.89	7.63	.743	214.47	5.67
AMBULANCES/AIR TRANS	853	7,366	125,036.24	16.97	.180	146.58	3.05
OTHER TRANS	184	22,726	96 <b>,</b> 845.97	4.26	.554	526.34	2.36
OTHER SERVICES	90	379	10,608.68	27.99	.009	117.87	.26
ACUPUNCTURE	31	77	1,114.75	14.48	.002	35.96	.03
ADULT DAY HEALTH CARE CTR	17	150	10,447.44	69.65	.004	614.56	.25
GENETIC DISEASE TESTING	4	4	420.00	105.00	.000	105.00	.01
IHMC, MODEL-NF, NF, AIDS, MSSP	270	10,070	367 <b>,</b> 704.99	36.51	.246	1361.87	8.97
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	906	2,084	22,110.13	10.61	.051	24.40	.54
PHYSICAL THERAPIST	41	208	3,035.88	14.60	.005	74.05	.07
PORTABLE X-RAY	15	27	347.10	12.86	.001	23.14	.01
PROSTHETIST/ORTHOTISTS	164	380	34 <b>,</b> 954.97	91.99	.009	213.14	.85
PROSTHETICS	163	377	34,928.72	92.65	.009	214.29	.85
ORTHOTICS	1	3	26.25	8.75	.000	26.25	.00
PSYCHOLOGIST	2	5	151.93	30.39	.000	75.97	.00
SPEECH AND AUDIOLOGY	248	930	35 <b>,</b> 528.34	38.20	.023	143.26	.87
HOSPICE SERVICES	36	826	95 <b>,</b> 899.63	116.10	.020	2663.88	2.34
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	918	27 <b>,</b> 960	104,747.88	3.75	.682	114.10	2.56
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	2,423	180,349	140,400.77	.78	4.400	57.95	3.43
@CALIF. CHILDREN SERVICES*	411	9,410	\$ 1,431,656.52	\$ 152.14	.230	\$ 3483.35	\$ 34.93
@XOVER EXCLUDING STATE HOSP**	4,949	43,786	\$ 717,438.45	\$ 16.39	1.068	\$ 144.97	\$ 17.50

0\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,325 MOP024 FEE-FOR-SERVICE/DENTAL 93/14/05 SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

					MC	NTHLY AVERA	GE -	
67,795 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	(	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E	ELIGIBLE
@TOTAL, ALL PROVIDERS	35 <b>,</b> 725	162 <b>,</b> 371	\$ 9,126,875.73	\$ 56.21	2.395	\$ 255.48	\$	134.62
@PHYSICIANS SERVICES	6,824	21,224	\$ 803,616.54	\$ 37.86	.313	\$ 117.76	\$	11.85
OUTPATIENT VISITS	3 <b>,</b> 385	4,341	169,103.99	38.96	.064	49.96		2.49
OFFICE VISITS	2,892	3,718	130,930.18	35.22	.055	45.27		1.93
HOME VISITS	11	11	567.60	51.60	.000	51.60		.01
EMERGENCY ROOM	266	284	15,775.08	55.55	.004	59.30		.23
PREVENTIVE CARE	4	4	164.30	41.08	.000	41.08		.00
OB VISITS/COMPRE PERI	154	209	18,228.26	87.22	.003	118.37		.27
OTHER OUTPATIENT	108	115	3,438.57	29.90	.002	31.84		.05
INPATIENT VISITS	354	1,184	84,134.62	71.06	.017	237.67		1.24
HOSPITAL VISITS	329	862	40,579.93	47.08	.013	123.34		.60
CRITICAL CARE	53	322	43,554.69	135.26	.005	821.79		.64
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	175	208	8,938.30	42.97	.003	51.08		.13
EXAMINATIONS	172	205	8,878.30	43.31	.003	51.62		.13
SERVICES AND MATERIALS	3	3	60.00	20.00	.000	20.00		.00
INPATIENT HOSPITAL SURGERY	396	1,529	227,399.40	148.72	.023	574.24		3.35
PRINCIPAL SURGEON	250	359	183,016.90	509.80	.005	732.07		2.70
ASSISTANT SURGEON	60	60	10,268.19	171.14	.001	171.14		.15
ANESTHESIOLOGIST	174	1,110	34,114.31	30.73	.016	196.06		.50

OUTPATIENT SURGERY	493	1,283		88 <b>,</b> 277.96	68.81	.019	179.06		1.30
PRINCIPAL SURGEON	408	562		70,562.34	125.56	.008	172.95		1.04
ASSISTANT SURGEON	4	4		335.98	84.00	.000	84.00		.00
ANESTHESIOLOGIST	123	717		17,379.64	24.24	.011	141.30		.26
DIALYSIS	1	1		56.60	56.60	.000	56.60		.00
PATHOLOGY	254	528		8,787.68	16.64	.008	34.60		.13
RADIOLOGY	2,646	4,022		122,773.84	30.53	.059	46.40		1.81
PSYCHIATRY	1	1		74.30	74.30	.000	74.30		.00
IMMUNIZATION AND INJECTION	153	345		10,142.46	29.40	.005	66.29		.15
OTHER SERVICES/ALL X-OVERS	1,199	7,782		83,927.39	10.78	.115	70.00		1.24
@PHARMACY	16,208	41,729	\$	2,098,352.55	\$ 50.29	.616	\$ 129.46	\$	30.95
PRESCRIPTION DRUGS	16,117	38,524		2,063,801.77	53.57	.568	128.05		30.44
SNF/ICF	17	34		934.65	27.49	.001	54.98		.01
OUTPATIENTS	16,101	38,490		2,062,867.12	53.59	.568	128.12		30.43
MEDICAL SUPPLIES	311	3,205		34,550.78	10.78	.047	111.10		.51
@DENTIST	3,180	16,515	\$	524,328.86	\$ 31.75	.244	\$ 164.88	\$	7.73
VISITS - DIAGNOSTIC	2,222	10,759		153,941.51	14.31	.159	69.28	·	2.27
ORAL SURGERY	496	1,069		64,516.00	60.35	.016	130.07		.95
DRUGS	91	106		2,440.00	23.02	.002	26.81		.04
ANESTHESIA	31	31		3,090.00	99.68	.000	99.68		.05
PERIODONTICS	44	52		5,169.00	99.40	.001	117.48		.08
ENDODONTICS	274	573		71,595.25	124.95	.008	261.30		1.06
RESTORATIVE DENTISTRY	1,115	3,345		185,718.35	55.52	.049	166.56		2.74
PROSTHETICS	_, 4	4		130.00	32.50	.000	32.50		.00
DENTURES, STAYPLATES	33	122		13,326.00	109.23	.002	403.82		.20
SPACE MAINTAINERS	22	27		2,982.00	110.44	.000	135.55		.04
MAXILLOFACIAL SERVICES	9	9		392.00	43.56	.000	43.56		.01
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	202	247		18,653.75	75.52	.004	92.35		.28
ALL OTHER SERVICES	137	171		2,375.00	13.89	.003	17.34		.04
#CALIF DEPT OF HEALTH SERV			RES N	MONTH-OF-PAYMENT RE				P.	AGE 18,326
MOP024	FEE-FOR-SERVICE								03/14/05
YUBA COUNTY			ASS	ISTANCE - FAMILIES					
						MON	NTHLY AVERA	GE -	
67,795 ELIGIBLES	USERS	UNITS OF SERVIC	Έ	EXPENDITURES	AVERAGE COST		COST PER	-	COST PER
,		OR DAYS OF CAR			PER UNIT/DAY		USER		ELIGIBLE
					- ,				-

67,795 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	ERAGE COST	,	-	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	740	2,187	\$ 47,580.12	\$ 21.76	.032	\$	64.30	\$ .70
DIAGNOSTIC AND ANC. PROCED	545	640	24,850.79	38.83	.009		45.60	.37
EYE APPLIANCES	550	1,532	22,272.60	14.54	.023		40.50	.33
OTHER OPTOMETRIC SERVICES	12	15	456.73	30.45	.000		38.06	.01
@CHIROPRACTOR	217	586	\$ 9,133.30	\$ 15.59	.009	\$	42.09	\$ .13
VISITS	217	586	9,133.30	15.59	.009		42.09	.13
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	5	6	\$ 156.10	\$ 26.02	.000	\$	31.22	\$ .00
MEDICINE/INJECTIONS	4	5	138.80	27.76	.000		34.70	.00
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	1	1	17.30	17.30	.000		17.30	.00
OTHER	0	0	.00	.00	.000		.00	.00
@HOME HEALTH AGENCY	243	538	\$ 30,783.49	\$ 57.22	.008	\$	126.68	\$ .45
NURSE ANESTHESIST	16	111	\$ 1,721.72	\$ 15.51	.002	\$	107.61	\$ .03
NURSE MIDWIFE	61	104	\$ 48,918.92	\$ 470.37	.002	\$	801.95	\$ .72
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00
FAMILY NURSE PRACTITIONER	1,168	2,706	\$ 45,507.54	\$ 16.82	.040	\$	38.96	\$ .67
@TOTAL HOSPITAL	4,733	21 <b>,</b> 657	\$ 3,126,106.07	\$ 144.35	.319	\$	660.49	\$ 46.11
HOSP INPATIENT TOTAL	428	1,669	2,529,421.52	1515.53	.025		5909.86	37.31
HSC HOSPITALS	72	481	723,223.12	1503.58	.007		10044.77	10.67

NON-HSC HOSPITAL TOTAL	361	1,188		1,806,198.40	1520.37	.018	5003.32	26.64
ACCOMMODATIONS	361	1,188		554,194.99	466.49	.018	1535.17	8.17
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	361	1,188		554,194.99	466.49	.018	1535.17	8.17
ANCILLARIES	361	0		1,252,003.41	.00	.000	3468.15	18.47
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4,495	19,988		596,684.55	29.85	.295	132.74	8.80
MEDICAL	1,511	2,121		110,583.30	52.14	.031	73.19	1.63
SURGERY	421	527		29 <b>,</b> 786.82	56.52	.008	70.75	. 44
PATHOLOGY	1,639	6,302		80,460.72	12.77	.093	49.09	1.19
RADIOLOGY	1,975	2,580		139,714.00	54.15	.038	70.74	2.06
ROOM USE	2,616	3 <b>,</b> 554		141,339.83	39.77	.052	54.03	2.08
CROSSOVERS/ALL OTH OUTPINT	1,531	4,904		94,799.88	19.33	.072	61.92	1.40
@COUNTY HOSPITAL TOTAL	12	71	\$	2,578.34	\$ 36.31	.001	\$ 214.86	\$ .04
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	12	71		2 <b>,</b> 578.34	36.31	.001	214.86	.04
MEDICAL	6	8		383.10	47.89	.000	63.85	.01
SURGERY	5	5		206.44	41.29	.000	41.29	.00
PATHOLOGY	4	21		636.01	30.29	.000	159.00	.01
RADIOLOGY	2	2		76.77	38.39	.000	38.39	.00
ROOM USE	10	18		1,055.93	58.66	.000	105.59	.02
CROSSOVERS/ALL OTH OUTPINT	7	17		220.09	12.95	.000	31.44	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		RES MOI	NTH-OF-PAYMENT RE	EPORT FOR JAN	2004 THRU I	DEC 2004	PAGE 18,327
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FO	R PUBLIC	ASSIS'	TANCE - FAMILIES				

----- MONTHLY AVERAGE -----67,795 ELIGIBLES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 4,722 21,586 .318 \$ 661.48 \$ @COMMUNITY HOSPITAL TOTAL 3,123,527.73 \$ 144.70 46.07 428 1515.53 5909.86 COMM HOSP INPATIENT TOTAL 1,669 2,529,421.52 .025 37.31 72 1503.58 10044.77 HSC HOSPITALS 481 723,223.12 .007 10.67 361 NON-HSC HOSPITALS TOTAL 1,188 1,806,198.40 1520.37 .018 5003.32 26.64 466.49 1535.17 ACCOMMODATIONS 1,188 554,194.99 .018 8.17 ADMINISTRATIVE DAYS 0 0 .00 .00 .000 .00 .00 TRANSITIONAL IP CARE 0 Ω .00 .00 .000 .00 .00 ALL OTHER ACCOM 1,188 554,194.99 466.49 1535.17 .018 8.17 361 3468.15 ANCILLARIES 0 1,252,003.41 .00 .000 18.47 INPATIENT CROSSOVERS Ω 0 .00 .00 .000 .00 .00 0 .00 ALL OTHER INPATIENT .00 .00 .000 .00 COMM HOSP OUTPATIENT TOTAL 19,917 594,106.21 29.83 132.49 8.76 4,484 .294 MEDICAL 1,506 2,113 110,200.20 52.15 .031 73.17 1.63 522 SURGERY 416 29,580.38 56.67 .008 71.11 .44 6,281 79,824.71 12.71 48.82 PATHOLOGY 1,635 .093 1.18 2,578 139,637.23 70.77 RADIOLOGY 1,973 54.16 .038 2.06 ROOM USE 2,607 3,536 140,283.90 39.67 .052 53.81 2.07

	CROSSOVERS/ALL OTH OUTPTNT	1,524	4,887		94,579.79		19.35	.072		62.06		1.40
(	@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
	MENTALLY ILL	0	0		.00		.00	.000		.00		.00
	DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
(	ONURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
	LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
	LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
	LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
	LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
	LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
(	@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
	ICF DDH	0	0		.00		.00	.000		.00		.00
	ICF DD	0	0		.00		.00	.000		.00		.00
	ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
(	@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
	HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
	HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
(	@REHABILITATION FACILITY	6	9	\$	560.59	\$	62.29	.000	\$	93.43	\$	.01
		6	9		560.59		62.29	.000		93.43		.01
	INDEPENDENT FACILITY	6 0 2,209 2,209 0	0		.00		.00	.000		.00		.00
(	@LABORATORY FACILITY	2,209	7,025	\$	99,004.94	\$	14.09	.104	\$	44.82	\$	1.46
	PATHOLOGY	2,209	7,025		99,004.94		14.09	.104	·	44.82		1.46
	XO AND OTHERS	0	0		.00		.00	.000		.00		.00
(	@ORGANIZED OUTPATIENT CLINIC	14,093	24,669	\$	1,956,475.67	\$	79.31	.364	\$	138.83	\$	28.86
	CLINIC	700	3,664	•	77,983.09		21.28	.054		111.40		1.15
	SURGICENTER	60	274		9,020.12		32.92	.004		150.34		.13
	HEROIN DETOX CLINIC	4	46		535.05		11.63	.001		133.76		.01
	RURAL HEALTH CLINIC	13,426	20,685		1,868,937.41		90.35	.305		139.20		27.57
	#CALIF DEPT OF HEALTH SERV			RES N	MONTH-OF-PAYMENT RI	EPORT			DEC		P7	AGE 18,328
	MOP024	FEE-FOR-SERVICE		1120 1	1011111 01 11111111111 11		2011 01111 1	2001 211110		2001		03/14/05
	YUBA COUNTY		'	ASSI	ISTANCE - FAMILIES							00, 11, 00
	10211 000111	DOIMMING OF BEIN	TODO TON TODDIO	11001				M	ONTE	HLY AVERA	GE -	
	67,795 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAY				COST PER
	•		OR DAYS OF CAR	E				PER ELIG		USER	Ŧ	ELIGIBLE
(	@ALL OTHER PROVIDERS	4,386	23,305	\$	334,629.32	\$		.344		76.29		4.94
	DURABLE MED. EQUIP.	297	596	'	42,738.14		71.71	.009		143.90		.63
	BLOOD BANK	0	0		.00		.00	.000		.00		.00
	HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
	MEDICAL TRANSPORTATION	456	4,862		101,011.73		20.78	.072		221.52		1.49
	AMBULANCES/AIR TRANS	453	4,837		70,322.81		14.54	.071		155.24		1.04
	OTHER TRANS	0	0		.00		.00	.000		.00		.00
	OTHER SERVICES	25	25		30,688.92		1227.56	.000		1227.56		.45
	ACUPUNCTURE	8	12		208.13		17.34	.000		26.02		.00
	ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
	GENETIC DISEASE TESTING	4 4	44		4,620.00		105.00	.001		105.00		.07
		0	0		•							.00
	IHMC, MODEL-NF, NF, AIDS, MSSP		0		.00		.00	.000		.00		.00
	OCCUPATIONAL THERAPIST	0 593	•		.00		.00	.000		.00		
	OPTICIAN		1,275		11,224.28		8.80	.019		18.93		.17
	PHYSICAL THERAPIST	36	230		3,349.19		14.56	.003		93.03		.05
	PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
	PROSTHETIST/ORTHOTISTS	69	84		6,679.31		79.52	.001		96.80		.10
	DDOCTUETTOC	60	0.7		6 670 21		·10 E 2	0.01		06 00		1.0

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PROSTHETICS

SPEECH AND AUDIOLOGY

ORTHOTICS

PSYCHOLOGIST

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2,749	14,654	147,084.42	10.04	.216	53.50	2.17
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	93	1,303	1,917.88	1.47	.019	20.62	.03
@CALIF. CHILDREN SERVICES*	183	3,763	\$ 431,855.98	\$ 114.76	.056	\$ 2359.87	\$ 6.37
@XOVER EXCLUDING STATE HOSP**	12	102	\$ 493.12	\$ 4.83	.002	\$ 41.09	\$ .01

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,329
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MOP024	FEE-FOR-SERVIC	E/DENTAL	03/14/0					
YUBA COUNTY	SUMMARY OF SER							
					MONT		GE	
117,268 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER	
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE	
@TOTAL, ALL PROVIDERS	80 <b>,</b> 552	1,115,801 \$	41,754,145.45	\$ 37.42	9.515 \$	518.35		
@PHYSICIANS SERVICES	18,067	63,082 \$		\$ 32.81	.538 \$	114.57		
OUTPATIENT VISITS	6,968	9,358	342,694.14	36.62	.080	49.18	2.92	
OFFICE VISITS	6,005	8,051	272,527.34	33.85	.069	45.38	2.32	
HOME VISITS	42	47	2,356.00	50.13	.000	56.10	.02	
EMERGENCY ROOM	460	507	30,254.61	59.67	.004	65.77		
PREVENTIVE CARE	7	7	271.07	38.72	.000	38.72	.00	
OB VISITS/COMPRE PERI	191	263	23,157.68	88.05	.002	121.24	.20	
OTHER OUTPATIENT	410	483	14,127.44	29.25	.004	34.46	.12	
INPATIENT VISITS	895	3,318	193,323.14	58.26	.028	216.00	1.65	
HOSPITAL VISITS	809	2,694	122,292.38	45.39	.023	151.16	1.04	
CRITICAL CARE	101	499	66,909.62	134.09	.004	662.47	.57	
SNF/ICF/TRANS IP CARE	64	125	4,121.14	32.97	.001	64.39	.04	
OPHTHALMOLOGICAL SERVICES	552	693	27,123.62	39.14	.006	49.14	.23	
EXAMINATIONS	546	684	26,908.33	39.34	.006	49.28	.23	
SERVICES AND MATERIALS	9	9	215.29	23.92	.000	23.92	.00	
INPATIENT HOSPITAL SURGERY	734	3,459	404,495.00	116.94	.029	551.08	3.45	
PRINCIPAL SURGEON	516	744	318,851.11	428.56	.006	617.93	2.72	
ASSISTANT SURGEON	102	102	20,309.93	199.12	.001	199.12	.17	
ANESTHESIOLOGIST	291	2,613	65 <b>,</b> 333.96	25.00	.022	224.52	.56	
OUTPATIENT SURGERY	1,026	2,666	230,986.05	86.64	.023	225.13	1.97	
PRINCIPAL SURGEON	851	1,158	194,591.52	168.04	.010	228.66	1.66	
ASSISTANT SURGEON	11	11	1,429.99	130.00	.000	130.00	.01	
ANESTHESIOLOGIST	240	1,497	34,964.54	23.36	.013	145.69	.30	
DIALYSIS	92	267	23,316.71	87.33	.002	253.44	.20	
PATHOLOGY	596	1,195	19,619.33	16.42	.010	32.92	.17	
RADIOLOGY	5 <b>,</b> 923	10,445	374,966.98	35.90	.089	63.31	3.20	
PSYCHIATRY	7	7	312.49	44.64	.000	44.64	.00	
IMMUNIZATION AND INJECTION	346	1,461	19,411.11	13.29	.012	56.10	.17	
OTHER SERVICES/ALL X-OVERS	6,983	30,213	433,679.45	14.35	.258	62.11	3.70	
@PHARMACY	50,457	477,223 \$		\$ 38.85	4.070 \$			
PRESCRIPTION DRUGS	49,807	190,489	17,528,534.35	92.02	1.624	351.93	149.47	
SNF/ICF	415	3,911	274,380.23	70.16	.033	661.16	2.34	
OUTPATIENTS	49,449	186 <b>,</b> 578	17,254,154.12	92.48	1.591	348.93	147.13	
MEDICAL SUPPLIES	4,194	286,734	1,011,336.57	3.53	2.445	241.14	8.62	
@DENTIST	5 <b>,</b> 219	25 <b>,</b> 865 \$	934,734.30		.221 \$		·	
VISITS - DIAGNOSTIC	3,513	16,209	221,498.30	13.67	.138	63.05	1.89	
ORAL SURGERY	827	2,083	120,155.00	57.68	.018	145.29	1.02	

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DRUGS	102	117		2,655.00		22.69	.001		26.03		.02
ANESTHESIA	46	46		4,580.00		99.57	.000		99.57		.04
PERIODONTICS	172	187		20,247.00		108.27	.002		117.72		.17
ENDODONTICS	384	740		109,690.25		148.23	.006		285.65		.94
RESTORATIVE DENTISTRY	1,672	4,867		282,546.00		58.05	.042		168.99		2.41
PROSTHETICS	23	26		1,200.00		46.15	.000		52.17		.01
DENTURES, STAYPLATES	347	979		140,074.00		143.08	.008		403.67		1.19
SPACE MAINTAINERS	22	27		2,982.00		110.44	.000		135.55		.03
MAXILLOFACIAL SERVICES	12	12		538.00		44.83	.000		44.83		.00
FRACTURES, DISLOCATIONS	1	1		500.00		500.00	.000		500.00		.00
ORTHODONTIC SERVICES	257	324		25,468.75		78.61	.003		99.10		.22
ALL OTHER SERVICES	213	247		2,600.00		10.53	.002		12.21		.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES MO	ONTH-OF-PAYMENT R	EPORT :		2004 THRU	DEC	2004	P	AGE 18,330
MOP024	FEE-FOR-SERVICE	:/DENTAL									03/14/05
YUBA COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC	ASSI	STANCE - TOTAL							
							M	ОМТН	LY AVERA	GE -	
117,268 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVER	AGE COST	UNITS/DAY		OST PER	-	COST PER
117,268 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES		AGE COST UNIT/DAY		S C		(	COST PER ELIGIBLE
117,268 ELIGIBLES @OPTOMETRIST	USERS 1,979			EXPENDITURES 120,084.41			UNITS/DAY	S C	OST PER	[	
•		OR DAYS OF CAR	E		PER	UNIT/DAY	UNITS/DAY PER ELIG	S C	OST PER USER	[	ELIGIBLE
@OPTOMETRIST	1,979 1,114 1,542	OR DAYS OF CARE 5,748	E	120,084.41	PER	UNIT/DAY 20.89	UNITS/DAY PER ELIG .049	S C	OST PER USER 60.68	[	ELIGIBLE 1.02 .42 .58
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	1,979 1,114	OR DAYS OF CARE 5,748 1,317	E	120,084.41 49,157.52	PER	UNIT/DAY 20.89 37.33	UNITS/DAY PER ELIG .049 .011	S C	OST PER USER 60.68 44.13	[	1.02 .42 .58
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	1,979 1,114 1,542 75 574	OR DAYS OF CARE 5,748 1,317 4,319 112 1,698	E	120,084.41 49,157.52 67,874.80 3,052.09 26,424.22	PER	UNIT/DAY 20.89 37.33 15.72 27.25 15.56	UNITS/DAY PER ELIG .049 .011 .037 .001	S C	OST PER USER 60.68 44.13 44.02 40.69 46.04	\$ \$	ELIGIBLE 1.02 .42 .58 .03 .23
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	1,979 1,114 1,542 75 574 552	OR DAYS OF CARM 5,748 1,317 4,319 112 1,698 1,653	E \$	120,084.41 49,157.52 67,874.80 3,052.09 26,424.22 25,836.58	PER 1	UNIT/DAY 20.89 37.33 15.72 27.25 15.56 15.63	UNITS/DAY PER ELIG .049 .011 .037 .001 .014	S C	OST PER USER 60.68 44.13 44.02 40.69 46.04 46.81	\$ \$	1.02 .42 .58 .03 .23
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	1,979 1,114 1,542 75 574 552 22	OR DAYS OF CARE 5,748 1,317 4,319 112 1,698 1,653 45	E \$ \$	120,084.41 49,157.52 67,874.80 3,052.09 26,424.22 25,836.58 587.64	PER 1	UNIT/DAY 20.89 37.33 15.72 27.25 15.56 15.63 13.06	UNITS/DAY PER ELIG .049 .011 .037 .001 .014 .014 .000	\$ \$	OST PER USER 60.68 44.13 44.02 40.69 46.04 46.81 26.71	\$ \$	1.02 .42 .58 .03 .23 .22
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	1,979 1,114 1,542 75 574 552 22 311	OR DAYS OF CARM 5,748 1,317 4,319 112 1,698 1,653 45 376	E \$	120,084.41 49,157.52 67,874.80 3,052.09 26,424.22 25,836.58 587.64 4,097.68	PER 1	UNIT/DAY 20.89 37.33 15.72 27.25 15.56 15.63 13.06 10.90	UNITS/DAY PER ELIG .049 .011 .037 .001 .014 .014 .000 .003	\$ \$	OST PER USER 60.68 44.13 44.02 40.69 46.04 46.81 26.71 13.18	\$ \$	1.02 .42 .58 .03 .23 .22 .01
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	1,979 1,114 1,542 75 574 552 22 311 58	OR DAYS OF CARE 5,748 1,317 4,319 112 1,698 1,653 45 376 68	E \$ \$	120,084.41 49,157.52 67,874.80 3,052.09 26,424.22 25,836.58 587.64 4,097.68 1,736.40	PER \$	UNIT/DAY 20.89 37.33 15.72 27.25 15.56 15.63 13.06 10.90 25.54	UNITS/DAY PER ELIG .049 .011 .037 .001 .014 .014 .000 .003 .001	\$ \$	OST PER USER 60.68 44.13 44.02 40.69 46.04 46.81 26.71 13.18 29.94	\$ \$	1.02 .42 .58 .03 .23 .22 .01
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	1,979 1,114 1,542 75 574 552 22 311	OR DAYS OF CARE 5,748 1,317 4,319 112 1,698 1,653 45 376 68 2	E \$ \$	120,084.41 49,157.52 67,874.80 3,052.09 26,424.22 25,836.58 587.64 4,097.68 1,736.40 265.45	PER \$	UNIT/DAY 20.89 37.33 15.72 27.25 15.56 15.63 13.06 10.90 25.54 132.73	UNITS/DAY PER ELIG .049 .011 .037 .001 .014 .014 .000 .003 .001	\$ \$	OST PER USER 60.68 44.13 44.02 40.69 46.04 46.81 26.71 13.18 29.94 132.73	\$ \$	1.02 .42 .58 .03 .23 .22 .01 .03
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	1,979 1,114 1,542 75 574 552 22 311 58 2 5	OR DAYS OF CARM 5,748 1,317 4,319 112 1,698 1,653 45 376 68 2 5	E \$ \$	120,084.41 49,157.52 67,874.80 3,052.09 26,424.22 25,836.58 587.64 4,097.68 1,736.40 265.45 77.85	PER \$	UNIT/DAY 20.89 37.33 15.72 27.25 15.56 15.63 13.06 10.90 25.54 132.73 15.57	UNITS/DAY PER ELIG .049 .011 .037 .001 .014 .014 .000 .003 .001 .000	\$ \$	OST PER USER 60.68 44.13 44.02 40.69 46.04 46.81 26.71 13.18 29.94 132.73 15.57	\$ \$	1.02 .42 .58 .03 .23 .22 .01 .03 .01
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	1,979 1,114 1,542 75 574 552 22 311 58 2 5	OR DAYS OF CARM 5,748 1,317 4,319 112 1,698 1,653 45 376 68 2 5 301	E \$ \$ \$	120,084.41 49,157.52 67,874.80 3,052.09 26,424.22 25,836.58 587.64 4,097.68 1,736.40 265.45 77.85 2,017.98	PER S	UNIT/DAY 20.89 37.33 15.72 27.25 15.56 15.63 13.06 10.90 25.54 132.73 15.57 6.70	UNITS/DAY PER ELIG .049 .011 .037 .001 .014 .004 .000 .003 .001 .000 .000	S C S S S	OST PER USER 60.68 44.13 44.02 40.69 46.04 46.81 26.71 13.18 29.94 132.73 15.57 8.07	\$ \$ \$	1.02 .42 .58 .03 .23 .22 .01 .03 .01
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	1,979 1,114 1,542 75 574 552 22 311 58 2 5	OR DAYS OF CARM 5,748 1,317 4,319 112 1,698 1,653 45 376 68 2 5	E \$ \$	120,084.41 49,157.52 67,874.80 3,052.09 26,424.22 25,836.58 587.64 4,097.68 1,736.40 265.45 77.85	PER \$	UNIT/DAY 20.89 37.33 15.72 27.25 15.56 15.63 13.06 10.90 25.54 132.73 15.57	UNITS/DAY PER ELIG .049 .011 .037 .001 .014 .014 .000 .003 .001 .000	\$ \$	OST PER USER 60.68 44.13 44.02 40.69 46.04 46.81 26.71 13.18 29.94 132.73 15.57	\$ \$	1.02 .42 .58 .03 .23 .22 .01 .03 .01

NURSE MIDWIFE	72	126	Ś	59,247.99	\$	470.22	.001	Ś	822.89	Ś	.51
PEDIATRIC NURSE PRACTITIONER		1	\$			57.20	.000		57.20		.00
	2,435	5 <b>,</b> 727	\$	90,274.08		15.76	.049		37.07		.77
@TOTAL HOSPITAL	11 283	57 272	\$	11,627,085.39	Ś	203 02			1030.50		99.15
	11,283 1,412	57,272 5,270 955	Ψ	9,923,173.80	Υ	1882.96	.045	۲	7027.74	۲	84.62
HSC HOSPITALS	161	955		1,326,212.30		1388 70	.008		8237.34		11.31
NON_UCC UCCDITAL TOTAL	202	4,315		8,291,717.63		1001.70	.037		9121.80		70.71
NON-USC HOSFILAL TOTAL	909	4,315		2,146,628.93		1921.00	.037		2364.13		18.31
ACCOMMODALIONS	900	4 <b>,</b> 313		5,494.21		210 77	.000		1098.84		.05
ADMINISTRATIVE DAIS	5	0				1388.70 1921.60 497.48 219.77	.000				
TRANSITIONAL IP CARE	003	-		.00 2,141,134.72					.00		.00
ALL OTHER ACCOM	903	4,290		2,141,134.72		499.10	.037		2371.13		18.26
HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL	909	0		6,145,088.70 305,243.87 .00 1,703,911.59 294,270.07 58,159.61		.00	.000		6760.27		52.40
INPATIENT CROSSOVERS	359	0		305,243.87		.00	.000		850.26		2.60
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00 163.24		.00
HOSP OUTPATIENT TOTAL	10,438	52,002		1,703,911.59		32.77	.443				14.53
MEDICAL	3,421	5,/31		294,270.07		51.35	.049		86.02		2.51
SURGERY	866	1,075		58,159.61		54.10	.009		67.16		.50
MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	3,773	17,556		58,159.61 219,412.47		12.50	.150		58.15		1.87
RADIOLOGY	4,266 4,767	6,196		441,187.41 266,378.45		71.21 40.29			103.42		3.76
ROOM USE							.056		55.88		2.27
CROSSOVERS/ALL OTH OUTPTNT	4,075	14,833		424,503.58 3,778.41		28.62	.126		104.17		3.62
@COUNTY HOSPITAL TOTAL	21	110	\$	3,778.41	\$		.001	\$		\$	.03
CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL	0	14,833 110 0 0 0 0 0 0 0 0 0 0 110 12 6 36 2 21		.00		.00	.000		.00		.00
CO HOSPITAL INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00					.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	21	110		3,778.41		34.35	.001		179.92		.03
MEDICAL	9	12		543.69		45.31	.000		179.92 60.41		.00
SURGERY	6	6		210.81		35.14	.000		35.14		.00
PATHOLOGY	5	36		859.03		23.86	.000		171.81		.01
RADIOLOGY	2	2		76.77		38.39	.000		38.39		.00
ROOM USE	13	21		1,161.29		55.30	.000		89.33		.01
CROSSOVERS/ALL OTH OUTPTNT	12	33		926.82		28.09	.000		77.24		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES 1	MONTH-OF-PAYMENT RE	EPOR	T FOR JAN	2004 THRU	DEC	2004	Р	AGE 18,331
MOP024	FEE-FOR-SERVICE	:/DENTAL									03/14/05
YUBA COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC	ASS	ISTANCE - TOTAL							
							M	ONT	HLY AVERA	GE.	
117,268 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	€		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	11,265	57 <b>,</b> 162	\$	11,623,306.98	\$	203.34	.487	\$	1031.81	\$	99.12
COMM HOSP INPATIENT TOTAL		5,270		9,923,173.80		1882.96	.045		7027.74		84.62
HSC HOSPITALS	161	955		1,326,212.30		1388.70	.008		8237.34		11.31
NON-HSC HOSPITALS TOTAL	909	4,315		8,291,717.63		1921.60	.037		9121.80		70.71
ACCOMMODATIONS	908	4,315		2,146,628.93		497.48	.037		2364.13		18.31
ADMINISTRATIVE DAYS	5	. 25		5,494.21		219.77	.000		1098.84		.05
TRANSITIONAL IP CARE	Ō	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	903	4,290		2,141,134.72		499.10	.037		2371.13		18.26
ANCILLARIES	909	0		6,145,088.70		.00	.000		6760.27		52.40
INPATIENT CROSSOVERS	359	0		305,243.87		.00	.000		850.26		2.60
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
	-	3		. 3 0							

COMM HOSP OUTPATIENT TOTAL	10,420	51,892		1,700,133.18		32.76	.443		163.16		14.50
MEDICAL				293,726.38		51.36			86.06		2.50
SURGERY	9.60	1,069		57,948.80		54.21	.009		67.38		.49
PATHOLOGY	3,768 4 264	17,520		010 550 44		12.47	.149		58.00		1.86
RADIOLOGY	4 264	6,194		218,553.44 441,110.64 265.217 16		71.22	.053		103.45		3.76
ROOM USE	4,264 4,755	6,194 6,590		265,217.16		40.25	.056		55.78		2.26
		14,800		200,217.10							
CROSSOVERS/ALL OTH OUTPINT	4,065		ć	423,576.76	Ċ	28.62	.126	ċ	104.20	Ċ	3.61
CROSSOVERS/ALL OTH OUTPTNT  @STATE HOSPITAL  MENTALLY ILL  DEVELOP. DISABLED  @NURSING FACILITY  LEV A-INTERMEDIATE  LEV B-REHAB MD  LEV B-SUBACUTE FREESTANDING	0	0	\$	.00	\$	.00	.000	Ş	.00	Ş	.00
MENTALLY ILL	0			.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0 8 <b>,</b> 707	<u>^</u>	.00	<u> </u>	.00	.000	<u> </u>	.00	<u> </u>	.00
@NURSING FACILITY	424		\$	1,463,964.89	\$	168.14		\$	3452.75	\$	12.48
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	5	131		16,416.92		125.32	.001		3283.38		.14
	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	12	365		211,715.45		580.04	.003		17642.95		1.81
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	407	8,211		1,235,832.52		150.51	.070		3036.44		10.54
@INTERMEDIATE CARE FACILDD	0 407 13	396	\$	82 <b>,</b> 196.73	\$		.003	\$	6322.83	\$	.70
ICF DDH		0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	13	396		82 <b>,</b> 196.73		207.57	.003		6322.83		.70
ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL	372	14,058	\$	535,633.59	\$	38.10	.120	\$	1439.88	\$	4.57
HOSPITAL BASED HEMODIALYSIS CENTER GREHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY GLABORATORY FACILITY	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	372	14,058		535,633.59		38.10	.120		1439.88		4.57
@REHABILITATION FACILITY	21	35	\$	1,733.47	\$	49.53	.000	\$	82.55	\$	.01
HOSPITAL BASED	19	32		1,642.60		51.33	.000		86.45		.01
INDEPENDENT FACILITY	2	32 3 21,639		90.87		30.29	.000		45.44		.00
@LABORATORY FACILITY	5,468	21,639	\$	264,408.81	\$	12.22	.185	\$	48.36	\$	2.25
PATHOLOGY	5,438	21,582		263,984.63		12.23			48.54		2.25
XO AND OTHERS	31	57		424.18		7.44	.000		13.68		.00
@ORGANIZED OUTPATIENT CLINIC	26,618	50,492	\$	3,672,618.62	\$		.431	\$	137.98	\$	31.32
CLINIC	922	5,198		111,299.80		21.41	.044		120.72		.95
SURGICENTER	922 203	753		36,510.75		48.49	.006		179.86		.31
HEROIN DETOX CLINIC	8	83		981.95		11.83	.001		122.74		.01
RURAL HEALTH CLINIC	25,668	44,458		3,523,826.12		79.26	.379		137.28		30.05
#CALIF DEPT OF HEALTH SERV			URES M	ONTH-OF-PAYMENT RI	EPOR'			DEC		P	AGE 18,332
MOP024	FEE-FOR-SERVICE										03/14/05
YUBA COUNTY		JICES FOR PUBLI	C ASSI	STANCE - TOTAL							, = -, 30
				<del>-</del>			M	ONT	HLY AVERA	GE ·	
117,268 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVI	ERAGE COST					COST PER

					MON	ITHLI AVERA	JE
117,268 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	12,743	376 <b>,</b> 504	\$ 1,994,154.58	\$ 5.30	3.211 \$	156.49	\$ 17.01
DURABLE MED. EQUIP.	1,204	3,393	352,007.91	103.75	.029	292.37	3.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	138	178	17,907.78	100.61	.002	129.77	.15
MEDICAL TRANSPORTATION	1,675	49,048	389,050.63	7.93	.418	232.27	3.32
AMBULANCES/AIR TRANS	1,324	12,355	199,004.11	16.11	.105	150.31	1.70
OTHER TRANS	282	36,150	148,120.71	4.10	.308	525.25	1.26
OTHER SERVICES	142	543	41,925.81	77.21	.005	295.25	.36
ACUPUNCTURE	43	96	1,458.02	15.19	.001	33.91	.01
ADULT DAY HEALTH CARE CTR	30	362	25,201.88	69.62	.003	840.06	.21
GENETIC DISEASE TESTING	48	48	5,040.00	105.00	.000	105.00	.04
IHMC, MODEL-NF, NF, AIDS, MSSP	557	11,992	496,328.15	41.39	.102	891.07	4.23
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,675	3 <b>,</b> 796	38,501.92	10.14	.032	22.99	.33
PHYSICAL THERAPIST	84	471	6,833.57	14.51	.004	81.35	.06

22	35		352.65		10.08	.000		16.03		.00
243	499		42,236.25		84.64	.004		173.81		.36
242	496		42,210.00		85.10	.004		174.42		.36
1	3		26.25		8.75	.000		26.25		.00
3	9		227.90		25.32	.000		75.97		.00
406	1,230		56,872.36		46.24	.010		140.08		.48
47	1,045		119,425.65		114.28	.009		2540.97		1.02
0	0		.00		.00	.000		.00		.00
3 <b>,</b> 675	42,700		252,350.23		5.91	.364		68.67		2.15
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
3 <b>,</b> 736	261,602		190,359.68		.73	2.231		50.95		1.62
617	13,285	\$	1,881,878.66	\$	141.65	.113	\$	3050.05	\$	16.05
7,715	60,489	\$	1,140,149.95	\$	18.85	.516	\$	147.78	\$	9.72
	242 1 3 406 47 0 3,675 0 0 0 3,736 617	242 496 1 3 3 9 406 1,230 47 1,045 0 0 3,675 42,700 0 0 0 0 0 0 3,736 261,602 617 13,285	242 496 1 3 3 9 406 1,230 47 1,045 0 0 3,675 42,700 0 0 0 0 0 0 3,736 261,602 617 13,285 \$	243       499       42,236.25         242       496       42,210.00         1       3       26.25         3       9       227.90         406       1,230       56,872.36         47       1,045       119,425.65         0       0       .00         3,675       42,700       252,350.23         0       0       .00         0       0       .00         0       0       .00         0       0       .00         3,736       261,602       190,359.68         617       13,285       \$       1,881,878.66	243       499       42,236.25         242       496       42,210.00         1       3       26.25         3       9       227.90         406       1,230       56,872.36         47       1,045       119,425.65         0       0       .00         3,675       42,700       252,350.23         0       0       .00         0       0       .00         0       0       .00         0       0       .00         3,736       261,602       190,359.68         617       13,285       \$ 1,881,878.66       \$	243       499       42,236.25       84.64         242       496       42,210.00       85.10         1       3       26.25       8.75         3       9       227.90       25.32         406       1,230       56,872.36       46.24         47       1,045       119,425.65       114.28         0       0       .00       .00         3,675       42,700       252,350.23       5.91         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         3,736       261,602       190,359.68       .73         617       13,285       \$ 1,881,878.66       \$ 141.65	243       499       42,236.25       84.64       .004         242       496       42,210.00       85.10       .004         1       3       26.25       8.75       .000         3       9       227.90       25.32       .000         406       1,230       56,872.36       46.24       .010         47       1,045       119,425.65       114.28       .009         0       0       .00       .00       .000         3,675       42,700       252,350.23       5.91       .364         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         3,736       261,602       190,359.68       .73       2.231         617       13,285       \$ 1,881,878.66       \$ 141.65       .113	243       499       42,236.25       84.64       .004         242       496       42,210.00       85.10       .004         1       3       26.25       8.75       .000         3       9       227.90       25.32       .000         406       1,230       56,872.36       46.24       .010         47       1,045       119,425.65       114.28       .009         0       0       .00       .00       .000         3,675       42,700       252,350.23       5.91       .364         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         3,736       261,602       190,359.68       .73       2.231         617       13,285       1,881,878.66       141.65       .113       \$	243       499       42,236.25       84.64       .004       173.81         242       496       42,210.00       85.10       .004       174.42         1       3       26.25       8.75       .000       26.25         3       9       227.90       25.32       .000       75.97         406       1,230       56,872.36       46.24       .010       140.08         47       1,045       119,425.65       114.28       .009       2540.97         0       0       .00       .00       .00       .00         3,675       42,700       252,350.23       5.91       .364       68.67         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00     <	243       499       42,236.25       84.64       .004       173.81         242       496       42,210.00       85.10       .004       174.42         1       3       26.25       8.75       .000       26.25         3       9       227.90       25.32       .000       75.97         406       1,230       56,872.36       46.24       .010       140.08         47       1,045       119,425.65       114.28       .009       2540.97         0       0       .00       .00       .000       .00         3,675       42,700       252,350.23       5.91       .364       68.67         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,333 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

	00111111111 01 0111			11022 1112	0022 11 111		 		
						MC		-	
3,079 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ST UNITS/DAYS	ST PER		COST PER
_		OR DAYS OF CARE			PER UNIT/D		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	2,815	23,141		1,190,758.66	\$ 51.46		423.00		386.74
@PHYSICIANS SERVICES	551	1,937	Ş	37 <b>,</b> 657.74			\$ 68.34	\$	12.23
OUTPATIENT VISITS	46	58		2,190.04	37.76		47.61		.71
OFFICE VISITS	41	52		1,982.65	38.13	.017	48.36		.64
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	1	1		68.35	68.35	.000	68.35		.02
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	5	5		139.04	27.81	.002	27.81		.05
INPATIENT VISITS	4	25		1,028.26	41.13	.008	257.07		.33
HOSPITAL VISITS	4	25		1,028.26	41.13	.008	257.07		.33
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	21	29		1,067.80	36.82	.009	50.85		.35
EXAMINATIONS	21	29		1,067.80	36.82	.009	50.85		.35
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	5	26		3,396.75	130.64	.008	679.35		1.10
PRINCIPAL SURGEON	3	3		2,910.05	970.02	.001	970.02		.95
ASSISTANT SURGEON	1	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	2	23		486.70	21.16	.007	243.35		.16
OUTPATIENT SURGERY	7	10		3,655.04	365.50	.003	522.15		1.19
PRINCIPAL SURGEON	7	10		3,655.04	365.50		522.15		1.19
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00		.00		.00
RADIOLOGY	58	112		4,086.59	36.49	.036	70.46		1.33
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	1	1		2.26	2.26	.000	2.26		.00
OTHER SERVICES/ALL X-OVERS	460	1,676		22,231.00	13.26		48.33		7.22
@PHARMACY	2,156	12,970	5	661,047.32	\$ 50.97		\$ 306.61	\$	214.70
PRESCRIPTION DRUGS	2,108	7,941		647,654.08	81.56		307.24	·	210.35

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF OUTPATIENTS	59 2 <b>,</b> 057	436 7 <b>,</b> 505		20,837.48 626,816.60		47.79 83.52	.142 2.437	353.18 304.72	6.77 203.58
MEDICAL SUPPLIES	174	5,029		13,393.24		2.66	1.633	76.97	4.35
@DENTIST	108	459	\$	26,835.00	\$	58.46	.149	\$ 248.47	\$ 8.72
VISITS - DIAGNOSTIC	65	233		3,132.00		13.44	.076	48.18	1.02
ORAL SURGERY	17	74		5,010.00		67.70	.024	294.71	1.63
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	4	5		409.00		81.80	.002	102.25	.13
ENDODONTICS	3	3		660.00		220.00	.001	220.00	.21
RESTORATIVE DENTISTRY	21	69		5,690.00		82.46	.022	270.95	1.85
PROSTHETICS	1	1		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	29	72		11,934.00		165.75	.023	411.52	3.88
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	5	2		.00		.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDIT	JRES MC	NTH-OF-PAYMENT R	EPORT	FOR JAN	2004 THRU	DEC 2004	PAGE 18,334
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR	MN - 1	10 SOC	- AGED AID	CODE	14 1H 1U	J 1X		

IUBA COUNTI	SUMMARI OF SER	VICES FOR MN - NO	500	- AGED AID	CODI	L 14 1H 1U					
							M			GE	
3,079 ELIGIBLES	USERS	UNITS OF SERVICE	<u>C</u>	EXPENDITURES		ERAGE COST		S	COST PER		COST PER
		OR DAYS OF CARE	<u>C</u>		PEI	R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	73	196	\$	3,811.28	\$	19.45	.064	\$	52.21	\$	1.24
DIAGNOSTIC AND ANC. PROCED	21	23		752.26		32.71	.007		35.82		.24
EYE APPLIANCES	52	157		2 <b>,</b> 659.97		16.94	.051		51.15		.86
OTHER OPTOMETRIC SERVICES	12	16		399.05		24.94	.005		33.25		.13
@CHIROPRACTOR	4	9	\$	71.19	\$	7.91	.003	\$	17.80	\$	.02
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	4	9		71.19		7.91	.003		17.80		.02
@PODIATRIST	19	27	\$	225.91	\$	8.37	.009	\$	11.89	\$	.07
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	19	27		225.91		8.37	.009		11.89		.07
@HOME HEALTH AGENCY	3	21	\$	1,372.93	\$	65.38	.007	\$	457.64	\$	.45
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER		0	\$	.00	\$	.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	2	4	\$		\$		.001		27.43	\$	.02
@TOTAL HOSPITAL	215	780	\$	/	\$	119.94	.253	\$	435.14	\$	
HOSP INPATIENT TOTAL	50	24		69 <b>,</b> 357.22		2889.88	.008		1387.14		22.53
HSC HOSPITALS	2	8		9,594.15		1199.27	.003		4797.08		3.12
NON-HSC HOSPITAL TOTAL	4	16		24,833.46		1552.09	.005		6208.37		8.07
ACCOMMODATIONS	4	16		7,475.35		467.21	.005		1868.84		2.43
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	4	16		7,475.35		467.21	.005		1868.84		2.43
ANCILLARIES	4	0		17,358.11		.00	.000		4339.53		5.64
INPATIENT CROSSOVERS	44	0		34 <b>,</b> 929.61		.00	.000		793.85		11.34
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	168	756		24,198.19		32.01	.246		144.04		7.86
MEDICAL	16	21		1,140.79		54.32	.007		71.30		.37
SURGERY	4	5		262.10		52.42	.002		65.53		.09
PATHOLOGY	23	118		1,137.07		9.64	.038		49.44		.37

RADIOLOGY	25	39		4,250.47	108.9	9 .013	170.02		1.38
ROOM USE	22	24		1,038.47	43.2	7 .008	47.20		.34
CROSSOVERS/ALL OTH OUTPINT	126	549		16,369.29	29.8	2 .178	129.92		5.32
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$ .0	0 .000	\$ .00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.0	0 .000	.00		.00
HSC HOSPITALS	0	0		.00	.0	0 .000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.0	0 .000	.00		.00
ACCOMMODATIONS	0	0		.00	.0	0 .000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.0	0 .000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.0	0 .000	.00		.00
ALL OTHER ACCOM	0	0		.00	.0	0 .000	.00		.00
ANCILLARIES	0	0		.00	.0	0 .000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.0	0 .000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.0	0 .000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.0	0 .000	.00		.00
MEDICAL	0	0		.00	.0	0 .000	.00		.00
SURGERY	0	0		.00	.0	0 .000	.00		.00
PATHOLOGY	0	0		.00	.0	0 .000	.00		.00
RADIOLOGY	0	0		.00	.0	0 .000	.00		.00
ROOM USE	0	0		.00	.0	0 .000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.0	0 .000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXPENDITU	RES MO	NTH-OF-PAYMENT RI	EPORT FOR J	AN 2004 THRU	DEC 2004	P.	AGE 18,335
MOP024	FEE-FOR-SERVICE/								03/14/05
YUBA COUNTY	SUMMARY OF SERVI	CES FOR MN - N	O SOC	- AGED AID	CODE 14 1H	1U 1X			
						I	MONTHLY AVERA	AGE	
3,079 ELIGIBLES	USERS (	JNITS OF SERVIC		EXPENDITURES		OST UNITS/DA			COST PER
		OR DAYS OF CAR	Œ		PER UNIT/				ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	215	780	\$	93 <b>,</b> 555.41	\$ 119.9		•	\$	30.38
COMM HOSP INPATIENT TOTAL	50	24		69 <b>,</b> 357.22	2889.8				22.53
HSC HOSPITALS	2	8		9,594.15	1199.2				3.12
NON-HSC HOSPITALS TOTAL	4	16		24,833.46	1552.0				8.07
ACCOMMODATIONS	4	16		7,475.35	467.2	1 .005	1868.84		2.43

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	9	16		7,475.35		467.21	.005		1868.84		2.43
ANCILLARIES	4	0		17,358.11		.00	.000		4339.53		5.64
INPATIENT CROSSOVERS	44	0		34,929.61		.00	.000		793.85		11.34
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
	•	-									
COMM HOSP OUTPATIENT TOTAL	168	756		24,198.19		32.01	.246		144.04		7.86
MEDICAL	16	21		1,140.79		54.32	.007		71.30		.37
SURGERY	4	5		262.10		52.42	.002		65.53		.09
PATHOLOGY	23	118		1,137.07		9.64	.038		49.44		.37
RADIOLOGY	25	39		4,250.47		108.99	.013		170.02		1.38
ROOM USE	22	24		1,038.47		43.27	.008		47.20		.34
CROSSOVERS/ALL OTH OUTPTNT	126	549		16,369.29		29.82	.178		129.92		5.32
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	72	2,147	\$	283,831.32	\$	132.20	.697	\$	3942.10	\$	92.18
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	72	2,147		283,831.32		132.20	.697		3942.10		92.18
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	13	4	\$	9,473.30	Ś	2368.33	.001	Ś	728.72	Ś	3.08
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	13	4		9,473.30		2368.33	.001		728.72		3.08
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	Ś	.00
HOSPITAL BASED	0	0	т	.00	Τ.	.00	.000	т	.00	т	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	42	158	Ś	1,693.31	\$	10.72	.051	Ċ	40.32	Ś	.55
PATHOLOGY	34	145	۲	1,527.46	Ÿ	10.72	.047	٧	44.93	Y	.50
XO AND OTHERS	8	13		165.85		12.76	.004		20.73		.05
@ORGANIZED OUTPATIENT CLINIC	546	988	\$	40,135.55	\$	40.62	.321	Ċ	73.51	Ċ	13.04
CLINIC	1	2	۲	88.46	Ą	44.23	.001	۲	88.46	۲	.03
	15	48		4,537.77		94.54	.016		302.52		1.47
SURGICENTER HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	533	938		35,509.32		37.86	.305		66.62		11.53
			IDEC M		EDOD			DEC		D.7	
#CALIF DEPT OF HEALTH SERV			JRES M	ONTH-OF-PAYMENT R	EPUR	T FOR JAN 2	2004 THRU	DEC	2004	PF	GE 18,336
MOP024	FEE-FOR-SERVICE		70 000	3.000 3.00	G0.D	D 14 111 111	1 37				03/14/05
YUBA COUNTY	SUMMARY OF SERV	ICES FOR MN - N	10 SOC	- AGED AID	COD	E 14 1H 1U		ONTE:		C.E.	
2 070 51 5055 50			~=				M				
3,079 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		ERAGE COST			COST PER		OST PER
	0.55	OR DAYS OF CAR		00 000 54		R UNIT/DAY			USER		LIGIBLE
@ALL OTHER PROVIDERS	377	3,441	\$	30,993.54	\$	9.01	1.118	Ş	82.21	Ş	10.07
DURABLE MED. EQUIP.	20	26		1,481.30		56.97	.008		74.07		.48
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	21	22		1,863.98		84.73	.007		88.76		.61
MEDICAL TRANSPORTATION	27	2,108		11,899.01		5.64	.685		440.70		3.86
AMBULANCES/AIR TRANS	4	13		303.09		23.31	.004		75.77		.10
OTHER TRANS	18	2,064		11,514.34		5.58	.670		639.69		3.74
OTHER SERVICES	7	31		81.58		2.63	.010		11.65		.03
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00

ADULT DAY HEALTH CARE CTR	0	0	.00		.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00		.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	5	14	1,377.75		98.41	.005	275.55	.45
OCCUPATIONAL THERAPIST	0	0	.00		.00	.000	.00	.00
OPTICIAN	70	154	1,890.34		12.27	.050	27.00	.61
PHYSICAL THERAPIST	1	26	388.48		14.94	.008	388.48	.13
PORTABLE X-RAY	5	8	6.00		.75	.003	1.20	.00
PROSTHETIST/ORTHOTISTS	7	16	277.57		17.35	.005	39.65	.09
PROSTHETICS	7	16	277.57		17.35	.005	39.65	.09
ORTHOTICS	0	0	.00		.00	.000	.00	.00
PSYCHOLOGIST	1	1	20.31		20.31	.000	20.31	.01
SPEECH AND AUDIOLOGY	15	39	2,315.94	!	59.38	.013	154.40	.75
HOSPICE SERVICES	0	0	.00		.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00		.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	221	1,027	9,472.86		9.22	.334	42.86	3.08
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$	.00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	773	6,028	\$ 107,634.25	\$	17.86	1.958	\$ 139.24	\$ 34.96

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,337
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YUBA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

----- MONTHLY AVERAGE -----

EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 13 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 8.077 \$ @TOTAL, ALL PROVIDERS 13 105 4,769.08 \$ 45.42 366.85 \$ 366.85 24.00 24.00 \$ @PHYSICIANS SERVICES 1 24.00 \$ .077 \$ .00 .00 OUTPATIENT VISITS 0 .00 .000 .00 OFFICE VISITS .00 .00 .000 .00 .00 .00 .00 .000 .00 HOME VISITS EMERGENCY ROOM .00 .00 .000 .00 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 .00 .00 .00 OB VISITS/COMPRE PERI .000 OTHER OUTPATIENT .00 .00 .000 .00 .00 INPATIENT VISITS .00 .00 .000 .00 .00 .00 .00 .00 HOSPITAL VISITS .000 CRITICAL CARE .00 .00 .000 .00 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .000 .00 EXAMINATIONS .00 .00 .000 .00 .00 SERVICES AND MATERIALS .00 .00 .000 .00 .00 .00 .00 INPATIENT HOSPITAL SURGERY .000 PRINCIPAL SURGEON .00 .00 .000 .00 .00 ASSISTANT SURGEON .00 .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .000 .00 OUTPATIENT SURGERY .00 .00 .000 .00 .00 .00 .00 .00 PRINCIPAL SURGEON .000 .00 .00 .000 ASSISTANT SURGEON .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 DIALYSIS .00 .00 .000 .00 .00 PATHOLOGY .00 .000 .00 .00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	1	1		24.00		24.00	.077		24.00		1.85
@PHARMACY	12	75	\$	4,466.28	\$	59.55	5.769	\$	372.19	\$	343.56
PRESCRIPTION DRUGS	12	63		4,379.48		69.52	4.846		364.96		336.88
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	12	63		4,379.48		69.52	4.846		364.96		336.88
MEDICAL SUPPLIES	4	12		86.80		7.23	.923		21.70		6.68
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	ES MONT	H-OF-PAYMENT RE	PORT	FOR JAN	2004 THRU	DEC	2004	PF	AGE 18,338
MOP024	FEE-FOR-SERVICE/DENTA	ΔL									03/14/05

AID CODE 24

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----- MONTHLY AVERAGE -----EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 13 ELIGIBLES USERS UNITS OF SERVICE PER UNIT/DAY PER ELIG ELIGIBLE OR DAYS OF CARE USER .000 \$ @OPTOMETRIST 0 .00 .00 .00 \$ .00 .00 DIAGNOSTIC AND ANC. PROCED .00 .000 .00 .00 EYE APPLIANCES .00 .00 .000 .00 .00 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 \$ .00 .000 \$ .00 \$ @CHIROPRACTOR VISITS 0 .00 .00 .000 .00 .00 .000 OTHER SERVICES 0 .00 .00 .00 .00 .00 \$ .00 .000 \$ .00 \$ .00 @PODIATRIST .00 .00 .000 .00 .00 MEDICINE/INJECTIONS SURGERY/ANES. .00 .00 .000 .00 .00 .00 RADIO./PATHOLOGY .00 .00 .000 .00 OTHER 0 .00 .00 .000 .00 .00 0 @HOME HEALTH AGENCY .00 \$ .00 .000 \$ .00 \$ .00 .00 .00 \$ NURSE ANESTHESIST .00 .000 \$ .00 NURSE MIDWIFE .00 \$ .000 \$ .00 \$ .00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 \$ .00 \$ .00 .00 .00 .000 \$ FAMILY NURSE PRACTITIONER .00 \$ @TOTAL HOSPITAL .00 .00 .000 \$ .00 HOSP INPATIENT TOTAL .00 .00 .000 .00 .00 .00 .00 HSC HOSPITALS .00 .000 .00 NON-HSC HOSPITAL TOTAL .00 .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 .00 .000 .00 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE .00 .00 .000 .00 .00 .00 ALL OTHER ACCOM .00 .000 .00 .00

.00

SUMMARY OF SERVICES FOR MN - NO SOC - BLIND

YUBA COUNTY

ANCILLARIES

INPATIENT CROSSOVERS	0	0	.00	.00		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00		.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00		.00	.00
MEDICAL	0	0	.00	.00		.00	.00
SURGERY	0	0	.00	.00		.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00		.00	.00
ANCILLARIES	0	0	.00	.00		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00		.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00		.00	.00
MEDICAL	0	0	.00	.00		.00	.00
SURGERY	0	0	.00	.00		.00	.00
PATHOLOGY	0	0	.00	.00		.00	.00
RADIOLOGY	0	0	.00	.00		.00	.00
ROOM USE	0	0	.00	.00		.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00		.00	.00
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES					PAGE 18,339
#CALIF DEFI OF REALIR SERV	MEDI-CHT SEVAICE		MONIU-OL-LYIMPNI L	CELOVI LOV OW	N 2004 INKO .	DEC 2004	FAGE 10,333
MODOSA	FFF_FOD_CFDUTCF						
MOP024	FEE-FOR-SERVICE	'DENTAL	OC - BIIND	AID CO	DF 24		03/14/05
MOP024 YUBA COUNTY			OC - BLIND	AID CO		ONTHLY AVERA	03/14/05
YUBA COUNTY	SUMMARY OF SERVE	DENTAL CES FOR MN - NO SO			M	ONTHLY AVERA	03/14/05 GE
		DENTAL CES FOR MN - NO SO UNITS OF SERVICE	OC - BLIND EXPENDITURES	AVERAGE CO	MO ST UNITS/DAY:	S COST PER	03/14/05 GE COST PER
YUBA COUNTY  13 ELIGIBLES	SUMMARY OF SERVE	DENTAL CES FOR MN - NO SO UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE CO PER UNIT/D	MO ST UNITS/DAY: AY PER ELIG	S COST PER USER	03/14/05 GE COST PER ELIGIBLE
YUBA COUNTY  13 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL	SUMMARY OF SERVE USERS	DENTAL CES FOR MN - NO SO UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00	AVERAGE CO PER UNIT/D \$ .00	M(ST UNITS/DAY) AY PER ELIG .000	S COST PER USER \$ .00	03/14/05  GE  COST PER  ELIGIBLE  \$ .00
YUBA COUNTY  13 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	SUMMARY OF SERV	DENTAL CES FOR MN - NO SO UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES .00	AVERAGE CO PER UNIT/D \$ .00	Most UNITS/DAY: AY PER ELIG .000 .000	S COST PER USER \$ .00	03/14/05  GE  COST PER  ELIGIBLE  \$ .00 .00
YUBA COUNTY  13 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	SUMMARY OF SERVE USERS	DENTAL CES FOR MN - NO SO UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00 .00 .00	AVERAGE CO PER UNIT/D \$ .00 .00	Most Units/DAY: AY PER ELIG .000 .000 .000	S COST PER USER \$ .00 .00 .00	03/14/05  GE  COST PER  ELIGIBLE  \$ .00  .00 .00
YUBA COUNTY  13 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	SUMMARY OF SERVE USERS	DENTAL CES FOR MN - NO SO UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00 .00 .00 .00	AVERAGE CO PER UNIT/D \$ .00 .00 .00	Most Units/DAY: AY PER ELIG .000 .000 .000 .000	S COST PER USER \$ .00 .00 .00	03/14/05  GE  COST PER  ELIGIBLE  \$ .00  .00  .00 .00
YUBA COUNTY  13 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	SUMMARY OF SERVE USERS	DENTAL CES FOR MN - NO SO UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES	AVERAGE CO PER UNIT/D \$ .00 .00 .00	Most Units/DAY: AY PER ELIG .000 .000 .000 .000 .000	S COST PER USER \$ .00 .00 .00 .00	03/14/05  GE  COST PER  ELIGIBLE  \$ .00  .00  .00  .00 .00
YUBA COUNTY  13 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	SUMMARY OF SERVE USERS	DENTAL CES FOR MN - NO SO UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES	AVERAGE CO PER UNIT/D \$ .00 .00 .00 .00	Most Units/DAY: AY PER ELIG .000 .000 .000 .000 .000 .000	S COST PER USER \$ .00 .00 .00 .00 .00	03/14/05  GE  COST PER  ELIGIBLE  \$ .00  .00  .00  .00  .00  .00
YUBA COUNTY  13 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	SUMMARY OF SERVE USERS	DENTAL CES FOR MN - NO SO UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES	AVERAGE CO PER UNIT/D \$ .00 .00 .00 .00 .00	Most Units/DAY: AY PER ELIG .000 .000 .000 .000 .000 .000 .000	S COST PER USER \$ .00 .00 .00 .00 .00 .00 .00	03/14/05  GE  COST PER  ELIGIBLE  \$ .00  .00  .00  .00  .00  .00  .00  .
YUBA COUNTY  13 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	SUMMARY OF SERVE USERS	DENTAL CES FOR MN - NO SO UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES	AVERAGE CO PER UNIT/D \$ .00 .00 .00 .00 .00	Most Units/DAY: AY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	S COST PER USER \$ .00 .00 .00 .00 .00 .00	03/14/05  GE  COST PER  ELIGIBLE  \$ .00 .00 .00 .00 .00 .00 .00 .00
YUBA COUNTY  13 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	SUMMARY OF SERVE USERS	DENTAL CES FOR MN - NO SO UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES	AVERAGE CO PER UNIT/D \$ .00 .00 .00 .00 .00 .00 .00	Most Units/DAY: AY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	S COST PER USER \$ .00 .00 .00 .00 .00 .00 .00 .00 .00	03/14/05  GE  COST PER  ELIGIBLE  \$ .00 .00 .00 .00 .00 .00 .00 .00 .00
YUBA COUNTY  13 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	SUMMARY OF SERVE USERS	DENTAL CES FOR MN - NO SO UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES	AVERAGE CO PER UNIT/D \$ .00 .00 .00 .00 .00 .00 .00	Most Units/DAY: AY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	S COST PER USER \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	03/14/05  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
YUBA COUNTY  13 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	SUMMARY OF SERVE USERS	DENTAL CES FOR MN - NO SO UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVERAGE CO PER UNIT/D \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	Most Units/Days AY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	S COST PER USER \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	03/14/05  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
YUBA COUNTY  13 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	SUMMARY OF SERVE USERS	DENTAL CES FOR MN - NO SO UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES	AVERAGE CO PER UNIT/D \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	Most Units/Days AY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	\$ COST PER USER \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	03/14/05  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
YUBA COUNTY  13 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	SUMMARY OF SERVE USERS	DENTAL CES FOR MN - NO SO UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES	AVERAGE CO PER UNIT/D \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	Most Units/Days AY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	\$ COST PER USER \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	03/14/05  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
YUBA COUNTY  13 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	SUMMARY OF SERVE  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DENTAL CES FOR MN - NO SO UNITS OF SERVICE OR DAYS OF CARE  0	EXPENDITURES	AVERAGE CO PER UNIT/D \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	Most Units/Days AY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	S COST PER USER \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	03/14/05  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
YUBA COUNTY  13 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	SUMMARY OF SERVE  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DENTAL CES FOR MN - NO SO UNITS OF SERVICE OR DAYS OF CARE  0	EXPENDITURES	AVERAGE CO PER UNIT/D \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	Most Units/Days AY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	S COST PER USER \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	03/14/05  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
YUBA COUNTY  13 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	SUMMARY OF SERVE  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DENTAL CES FOR MN - NO SO UNITS OF SERVICE OR DAYS OF CARE  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES	AVERAGE CO PER UNIT/D \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	Most Units/Days AY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	S COST PER USER \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	03/14/05  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
YUBA COUNTY  13 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	SUMMARY OF SERVE  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DENTAL CES FOR MN - NO SO UNITS OF SERVICE OR DAYS OF CARE  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES	AVERAGE CO PER UNIT/D \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	Most Units/Days AY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	S COST PER USER \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	03/14/05  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
YUBA COUNTY  13 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT	SUMMARY OF SERVE  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DENTAL CES FOR MN - NO SO UNITS OF SERVICE OR DAYS OF CARE  0	EXPENDITURES	AVERAGE CO PER UNIT/D \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	Most Units/Days AY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	S COST PER USER \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	03/14/05  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
YUBA COUNTY  13 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	SUMMARY OF SERVE  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DENTAL CES FOR MN - NO SO UNITS OF SERVICE OR DAYS OF CARE  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE CO PER UNIT/D \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	Most Units/Days AY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	\$ COST PER USER \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	03/14/05  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
YUBA COUNTY  13 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	SUMMARY OF SERVE  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DENTAL   CES FOR	EXPENDITURES	AVERAGE CO PER UNIT/D \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	Most Units/Days AY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	\$ COST PER USER \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	03/14/05  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
YUBA COUNTY  13 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	SUMMARY OF SERVE  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DENTAL   CES FOR	EXPENDITURES	AVERAGE CO PER UNIT/D \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	Modeling May and the second sec	\$ COST PER USER \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	03/14/05  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
YUBA COUNTY  13 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	SUMMARY OF SERVE  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DENTAL   CES FOR	EXPENDITURES	AVERAGE CO PER UNIT/D \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	Most Units/Days Ay PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	\$ COST PER USER \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	03/14/05  GE COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		ES MO	NTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2004 THRU	DEC	2004	PA	AGE 18,340
MOP024	FEE-FOR-SERVICE/D										03/14/05
YUBA COUNTY	SUMMARY OF SERVIC	ES FOR MN - NO	SOC	- BLIND		AID CODE					
							M				
13 ELIGIBLES		NITS OF SERVICE		EXPENDITURES			UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	13	29	\$	278.80	\$	9.61	2.231	\$	21.45	\$	21.45
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	0	0	.00	.00	.000	.00	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	1	1	8.79	8.79	.077	8.79	.68	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	12	28	270.01	9.64	2.154	22.50	20.77	
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00	
@XOVER EXCLUDING STATE HOSP**	12	41	\$ 380.81	\$ 9.29	3.154	\$ 31.73	\$ 29.29	

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,341
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YUBA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

----- MONTHLY AVERAGE -----2,366 ELIGIBLES USERS EXPENDITURES COST PER UNITS OF SERVICE AVERAGE COST UNITS/DAYS OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 2,399 48,034 Ś 1,549,725.76 \$ 32.26 20.302 \$ 645.99 \$ 655.00 535 1,977 68,198.24 34.50 .836 \$ 127.47 \$ @PHYSICIANS SERVICES 222 29.67 OUTPATIENT VISITS 146 6,586.02 .094 45.11 2.78 122 30.80 45.95 OFFICE VISITS 182 5,605.38 .077 2.37 0 0 .00 .00 .000 .00 .00 HOME VISITS EMERGENCY ROOM 4 201.44 50.36 .002 50.36 .09 4 PREVENTIVE CARE 0 0 .00 .00 .000 .00 .00 .00 .00 0 .00 .000 OB VISITS/COMPRE PERI 23 OTHER OUTPATIENT 36 779.20 21.64 .015 33.88 .33 27 INPATIENT VISITS 156 7,211.70 46.23 .066 267.10 3.05 24 124 40.33 .052 208.38 2.11 HOSPITAL VISITS 5,001.20 7 301.56 CRITICAL CARE 30 2,110.90 70.36 .013 .89 SNF/ICF/TRANS IP CARE 1 99.60 49.80 .001 99.60 .04 OPHTHALMOLOGICAL SERVICES 11 374.69 34.06 .005 34.06 .16 11 374.69 34.06 34.06 EXAMINATIONS 11 .005 .16 .00 .00 .00 Ω 0 .00 .000 SERVICES AND MATERIALS 121 9,678.31 79.99 .051 460.87 INPATIENT HOSPITAL SURGERY 4.09 33 PRINCIPAL SURGEON 15 7,423.60 224.96 .014 494.91 3.14 4 574.08 143.52 ASSISTANT SURGEON 4 .002 143.52 .24 9 1,680.63 .71 ANESTHESIOLOGIST 20.01 .036 186.74

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT SURGERY	40	90		9,166.39		101.85	.038	229.16		3.87
PRINCIPAL SURGEON	37	45		8,100.93		180.02	.019	218.94		3.42
OUTPATIENT SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	7	45		1,065.46		23.68	.019	152.21		.45
DIALYSIS	15	42		3,680.04		87.62	.018	245.34		1.56
PATHOLOGY	28	45		1,159.23		25.76	.019	41.40		.49
RADIOLOGY	T T T	222		12,219.62		55.04	.094	110.09		5.16
PSYCHIATRY	0	0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	9	29		344.45		11.88	.012	38.27		.15
OTHER SERVICES/ALL X-OVERS	329 1,840	1,039 11,247		17,777.79		17.11	.439	54.04		7.51
_	1,840	11,247	\$	918,665.39	\$	81.68	4.754 \$	499.27	\$	388.28
PRESCRIPTION DRUGS	1.789	7,698		898,936.76	·	116.78	3.254	502.48	·	379.94
SNF/ICF	16	122		6,623.20		54.29	.052	413.95		2.80
OUTPATTENTS	1 773	7,576		892,313.56		117.78	3.202	503.28		377.14
MEDICAL SUPPLIES	235	3 <b>,</b> 549		19,728.63		5.56	1.500	83.95		8.34
@DENTIST	111	501	\$	19,993.80			.212 \$		Ś	8.45
@PHARMACY PRESCRIPTION DRUGS SNF/ICF OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS RESTORATIVE DENTISTRY	61	292	Y	2,920.75	٧	10.00	.123	47.88	Y	1.23
ODAL CUDCEDV	10	76		3,304.00		43.47	.032	173.89		1.40
DDICC	19	0		.00		.00	.000	.00		.00
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		700.00						
PERIODONTICS	6	6		708.00		118.00	.003	118.00		.30
ENDODONTICS	26	4		995.00		248.75	.002	331.67		.42
1,001010111111		65		3,356.05		51.63	.027	129.08		1.42
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	22	51		8,710.00		170.78	.022	395.91		3.68
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	7	7		.00		.00	.003	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES M	IONTH-OF-PAYMENT R	REPOR!	r for jan 2	2004 THRU DE	C 2004	P	AGE 18,342
MOP024	FEE-FOR-SERVICE	/DENTAL								03/14/05
YUBA COUNTY	SUMMARY OF SERV	ICES FOR MN - N	o soc	: - DISABLED 64	6G 61	H 6U 6V 6X	8G			
							MON	THLY AVERA	GE	
2,366 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS	COST PER		COST PER
•		OR DAYS OF CAR	Œ		PEI	R UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	66	193	\$	3,862.77			.082 \$			1.63
DIAGNOSTIC AND ANC. PROCED	19	23		805.53	·	35.02	.010	42.40	·	.34
EVE ADDITANCES	53	158		2,611.08		16.53	.067	49.27		1.10
OTHER OPTOMETRIC SERVICES	10	12		446.16		37.18	.005	44.62		.19
@CHIROPRACTOR	5	5	\$	79.81	\$	15.96	.002 \$		Ś	.03
VISITS	1	1	Ψ	16.72	т	16.72	.000	16.72	т	.01
OTHER SERVICES	1	4		63.09		15.77	.002	15.77		.03
@PODIATRIST	26	30	Ś	209.32	\$	6.98	.013 \$		ċ	.09
MEDICINE/INJECTIONS	∠ U ∩	0	Ą	.00	۲	.00	.000	.00	ٻ	.09
MEDICINE/INDECITONS	0	0		.00		.00		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0						.000			
OTHER	5 1 4 26 0 0 0 26 13 2	30	ć	209.32	^	6.98	.013	8.05	ć	.09
@HOME HEALTH AGENCY	13	66	\$	4,721.37		71.54	.028 \$			2.00
NURSE ANESTHESIST	2	6	\$	153.62	\$	25.60	.003 \$			.06
MOKSE MIDMILE	U	0	\$	.00	\$	.00	.000 \$		\$	.00
DEDIATRIC MIDCE DRACTITATIONER	<u> </u>	<u> </u>	Ċ	0.0	Ċ	0.0	000 ¢	$\cap$	Ć	$\cap \cap$

\$

0

1,603

144

56

1 \$

0

1

267

45

6

PEDIATRIC NURSE PRACTITIONER

FAMILY NURSE PRACTITIONER

HOSP INPATIENT TOTAL

@TOTAL HOSPITAL

HSC HOSPITALS

.00 \$

24.00 \$

305,638.59

254,208.06

67,263.00

.00

24.00

1765.33

1201.13

\$ 190.67

.00 \$

24.00 \$

.678 \$ 1144.71 \$

5649.07

11210.50

.00

.01

129.18

107.44

28.43

.000 \$

.000 \$

.061

.024

NON-HSC HOSPITAL TOTAL	18	88		169,676.93	1928.15	.037	9426.50	71.71
ACCOMMODATIONS	18	88		52,620.80	597.96	.037	2923.38	22.24
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	18	88		52,620.80	597.96	.037	2923.38	22.24
ANCILLARIES	18	0		117,056.13	.00	.000	6503.12	49.47
INPATIENT CROSSOVERS	21	0		17,268.13	.00	.000	822.29	7.30
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	237	1,459		51,430.53	35.25	.617	217.01	21.74
MEDICAL	59	267		13,073.25	48.96	.113	221.58	5.53
SURGERY	20	26		1,213.42	46.67	.011	60.67	.51
PATHOLOGY	89	501		6,369.94	12.71	.212	71.57	2.69
RADIOLOGY	57	121		9,414.73	77.81	.051	165.17	3.98
ROOM USE	65	128		5,430.67	42.43	.054	83.55	2.30
CROSSOVERS/ALL OTH OUTPINT	118	416		15 <b>,</b> 928.52	38.29	.176	134.99	6.73
@COUNTY HOSPITAL TOTAL	1	1	\$	1.71	\$ 1.71	.000	\$ 1.71	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1		1.71	1.71	.000	1.71	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1		1.71	1.71	.000	1.71	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		ES MON	TH-OF-PAYMENT RE	PORT FOR JAN	2004 THRU	DEC 2004	PAGE 18,343
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FO	OR MN - NO	SOC -	DISABLED 64 6	SG 6H 6U 6V 6	X 8G		

----- MONTHLY AVERAGE -----2,366 ELIGIBLES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .677 \$ 1149.01 \$ 129.18 @COMMUNITY HOSPITAL TOTAL 266 1,602 305,636.88 \$ 190.78 45 5649.07 COMM HOSP INPATIENT TOTAL 144 254,208.06 1765.33 .061 107.44 67,263.00 1201.13 11210.50 HSC HOSPITALS 6 56 .024 28.43 NON-HSC HOSPITALS TOTAL 18 88 169,676.93 1928.15 .037 9426.50 71.71 18 597.96 2923.38 22.24 ACCOMMODATIONS 52,620.80 .037 ADMINISTRATIVE DAYS 0 0 .00 .00 .000 .00 .00 TRANSITIONAL IP CARE Ω Ω .00 .00 .000 .00 .00 ALL OTHER ACCOM 18 52,620.80 597.96 .037 2923.38 22.24 18 117,056.13 6503.12 ANCILLARIES 0 .00 .000 49.47 INPATIENT CROSSOVERS 21 Ω 17,268.13 .00 .000 822.29 7.30 ALL OTHER INPATIENT 0 0 .00 .00 .000 .00 .00 COMM HOSP OUTPATIENT TOTAL 236 51,428.82 35.27 217.92 21.74 1,458 .616 .113 MEDICAL 59 267 13,073.25 48.96 221.58 5.53 20 SURGERY 26 1,213.42 46.67 .011 60.67 .51 89 501 12.71 .212 71.57 2.69 PATHOLOGY 6,369.94 57 9,414.73 77.81 .051 165.17 RADIOLOGY 121 3.98 ROOM USE 128 5,430.67 42.43 .054 83.55 2.30

CROSSOVERS/ALL OTH OUTPINT	117	415		15,926.81		38.38	.175		136.13		6.73
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	20	407	\$	54,176.95	\$	133.11	.172	\$	2708.85	\$	22.90
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	20	407		54,176.95		133.11	.172		2708.85		22.90
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	24	3,125	\$	60,806.69	\$	19.46	1.321	\$	2533.61	\$	25.70
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	24	3,125		60,806.69		19.46	1.321		2533.61		25.70
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	96	473	\$	5,925.97	\$	12.53	.200	\$	61.73	\$	2.50
PATHOLOGY	96	473		5,925.97		12.53	.200		61.73		2.50
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	544	1,048	\$	62,100.90	\$	59.26	.443	\$	114.16	\$	26.25
CLINIC	7	8		224.48		28.06	.003		32.07		.09
SURGICENTER	9	30		1,818.17		60.61	.013		202.02		.77
HEROIN DETOX CLINIC	1	8		111.49		13.94	.003		111.49		.05
RURAL HEALTH CLINIC	533	1,002		59,946.76		59.83	.423		112.47		25.34
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	RES M	ONTH-OF-PAYMENT F	REPOR	r for Jan	2004 THRU	DEC	2004	PI	AGE 18,344
MOP024	FEE-FOR-SERVICE/D	ENTAL									03/14/05
YUBA COUNTY	SUMMARY OF SERVICE	ES FOR MN - N	o soc	: - DISABLED 64	6G 6I	H 6U 6V 6X	8G				
							N	TNO	HLY AVERA	.GE -	
2,366 ELIGIBLES	USERS U	NITS OF SERVIC	E	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	ZS	COST PER	(	COST PER
		OR DAYS OF CAR	E		PEI	R UNIT/DAY	PER ELIC	3	USER	F	ELIGIBLE
@ALL OTHER PROVIDERS	280	27,352	\$	45,168.34	\$	1.65	11.560	\$	161.32	\$	19.09
DURABLE MED. EQUIP.	12	25		2,239.77		89.59	.011		186.65		.95
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	5	6		284.52		47.42	.003		56.90		.12
MEDICAL TRANSPORTATION	33	628		5,553.65		8.84	.265		168.29		2.35

					MON	IUDI AARKA	GE
2,366 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	280	27 <b>,</b> 352 \$	45,168.34	\$ 1.65	11.560 \$	161.32	\$ 19.09
DURABLE MED. EQUIP.	12	25	2,239.77	89.59	.011	186.65	.95
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	5	6	284.52	47.42	.003	56.90	.12
MEDICAL TRANSPORTATION	33	628	5 <b>,</b> 553.65	8.84	.265	168.29	2.35
AMBULANCES/AIR TRANS	24	101	3,013.29	29.83	.043	125.55	1.27
OTHER TRANS	4	496	2,467.88	4.98	.210	616.97	1.04
OTHER SERVICES	6	31	72.48	2.34	.013	12.08	.03
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	8	105	5,455.44	51.96	.044	681.93	2.31
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	55	127	1,381.62	10.88	.054	25.12	.58
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1	.50	.50	.000	.50	.00
PROSTHETIST/ORTHOTISTS	11	25	3,596.31	143.85	.011	326.94	1.52
PROSTHETICS	11	25	3,596.31	143.85	.011	326.94	1.52
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	6	12	410.45	34.20	.005	68.41	.17

HOSPICE SERVICES	4	83		8,833.31	106.43	.035	2208.33	3.73
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	12	2,718		5,913.38	2.18	1.149	492.78	2.50
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	155	23,622		11,499.39	.49	9.984	74.19	4.86
@CALIF. CHILDREN SERVICES*	8	13	\$	1,158.12	\$ 89.09	.005	\$ 144.77	\$ .49
@XOVER EXCLUDING STATE HOSP**	521	3,045	\$	63,365.41	\$ 20.81	1.287	\$ 121.62	\$ 26.78
0 * momate the miner times are cively		E TMECDMARITON	TERM ON	IT V.				

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,345 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

						MON	ITHLY AVERA	GE
67,052 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	34 <b>,</b> 750	166,703	\$	10,735,546.66	\$ 64.40	2.486	308.94	\$ 160.11
@PHYSICIANS SERVICES	7,781	23,025	\$	984,895.87	\$ 42.78	.343	126.58	\$ 14.69
OUTPATIENT VISITS	3 <b>,</b> 757	5,007		198,652.71	39.67	.075	52.88	2.96
OFFICE VISITS	3,136	4,092		139,492.14	34.09	.061	44.48	2.08
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	230	254		14,050.90	55.32	.004	61.09	.21
PREVENTIVE CARE	1	1		37.39	37.39	.000	37.39	.00
OB VISITS/COMPRE PERI	337	537		41,671.96	77.60	.008	123.66	.62
OTHER OUTPATIENT	114	123		3,400.32	27.64	.002	29.83	.05
INPATIENT VISITS	404	1,198		83,014.67	69.29	.018	205.48	1.24
HOSPITAL VISITS	377	874		38,278.37	43.80	.013	101.53	.57
CRITICAL CARE	60	324		44,736.30	138.08	.005	745.61	.67
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	185	242		10,031.53	41.45	.004	54.22	.15

SERVICES AND MATERIALS   2   2   45.00   22.50   .000   22.50   .000   INPATIENT HOSPITAL SURGERY   514   2,354   295,427,17   125,50   .035   574,76   4,41   PRINCIPAL SURGEON   327   401   240,962.03   600.90   .006   736.89   3.59   ASSISTANT SURGEON   72   71   12,767.57   179.82   .001   177.33   .19   ANESTHESIOLOGIST   210   1,882   41,697.57   22.16   .028   198.56   .62   .62   .001   .0	EXAMINATIONS	183	240		9,986.53		41.61	.004		54.57		.15
PRINCIPAL SURGEON 327 401 240,962.03 600.90 .006 736.89 3.59 ASSISTANT SURGEON 72 71 12,767.57 179.82 .001 177.33 .19 AMESTHESIOLGCIST 210 1,882 41,697.57 22.16 .028 198.56 .62 OUTPATIENT SURGERY 558 1,327 110,798.69 83.50 .020 198.56 1.65 PRINCIPAL SURGEON 477 646 93,421.13 144.61 .010 195.85 1.39 ASSISTANT SURGEON 8 8 1,000.19 125.02 .000 125.02 .01 ANESTHESIOLGGIST 125 673 16,377.37 24.33 .010 131.02 .24 DIALYSIS 3 21 869.50 41.40 .000 289.83 .01 PATHOLOGY 247 383 5,668.11 14.80 .006 22.95 .08 RADIOLOGY 3,066 4,826 171,716.76 35.58 .072 56.01 2.56 PSYCHIATRY 3 3 3 89.49 32.98 .000 32.98 .000 IMMUNIZATION AND INJECTION 176 527 8,324.83 15.80 .008 47.30 .12 OTHER SERVICES/ALL X-OVERS 1,451 7,137 100,292.96 14.05 .006 69.12 1.50 PRESCRIPTION DRUGS 15,924 38,949 2,375,696.76 61.00 .581 149.19 35.43 SNF/ICF 1 1 1 2 38,949 2,375,667.43 61.00 .581 149.17 \$35.43 OUTPATIENTS 15,923 38,948 2.375,667.43 61.00 .581 149.19 35.43 SNF/ICF 1 1 1,950 9,033 130,582.51 14.38 1.35 66.97 1.95 ORAL SURGERY 471 1,986 66,604.75 60.66 .16 141.41 .99 PRINCIPLES 402 1,873 75 1,805.00 24.07 .001 24.73 .03 ANESTHESIA 41 52 4,106.00 78.96 .001 100.15 .06 PERSONNIST 2,867 14,955 9,033 130,582.51 14.38 .135 66.97 1.95 ORAL SURGERY 471 1,098 66,604.75 60.66 .16 141.41 .99 PRINCIPLES 402 1,873 75 1,805.00 24.07 .001 24.73 .03 ANESTHESIA 41 52 4,106.00 78.96 .001 100.15 .06 PERSONNIST 9 16 16 16 300.00 18.75 .000 18.75 .000 DENTURES, STAYPLATES 68 213 30,036.00 141.01 .003 441.71 .45 ENDODONTICS 221 511 67,583.50 132.26 .008 305.81 1.01 PERSONNITHES 540 57 57,783.75 58.89 .044 175.83 2.56 DENTURES, STAYPLATES 68 213 30,036.00 141.01 .003 441.71 .45 ENDODONTICS 92 98 10,145.50 103.53 .001 110.28 .15 ENDODONTICS 92 98 10,145.50 103.53 .001 110.	SERVICES AND MATERIALS	2	2		45.00		22.50	.000		22.50		.00
ABSISTANT SURGEON 72 71 12,767.57 179.82 .001 177.33 .19 ABESTANT SURGEOY 210 1,882 41,697.57 22.16 .028 198.56 .62   OUTPATIENT SURGERY 558 1,327 110,798.69 83.50 .020 198.56 1.65   PRINCIPAL SURGEON 477 646 93,421.13 144.61 .010 195.85 1.39   ARSISTANT SURGEON 8 8 8 1,000.19 125.02 .000 125.02 .001   ANSISTANT SURGEON 125 673 16,377.37 24.33 .010 131.02 .24   DIALYSIS 3 21 869.50 41.40 .000 289.83 .01   PATHOLOGY 247 383 5,668.11 14.80 .006 22.95 .08   PRADIOLOGY 3,066 4,826 171,716.76 35.58 .072 56.01 2.56   PSYCHIATRY 3 3 8 98.94 32.98 .000 32.98 .00   IMMUNIZATION AND INJECTION 176 527 8,324.83 15.80 .008 47.30 .12   OTHER SERVICES/ALL X-OVERS 1,451 7,137 100,292.96 14.05 .006 69.12 1.50   PRESCRIPTION DRUGS 15,924 38,949 2,375,696.76 61.00 .581 149.19 35.43   SNF/ICF 1 1 29.33 29.33 .000 29.33 .00   PRESCRIPTION DRUGS 15,924 38,949 2,375,696.76 61.00 .581 149.19 35.43   SNF/ICF 1 1 29.33 29.33 .000 29.33 .00   OUTPATIENTS 15,923 38,948 2,375,667.43 61.00 .581 149.19 35.43   MEDICAL SUPPLIES 402 1,873 24,499.68 13.08 .028 60.94 .37   QENNITST 2,867 14,455 \$ 505,738.76 \$ 34.89 .216 \$ 176.40 \$ 7.54   VISITS - DIAGNOSTIC 1,950 9,083 130,582.51 14.38 .135 66.97 1.95   ORAL SURGERY 471 1,098 66,604.75 60.66 .016 141.41 .99   ORAL SURGERY 471 1,098 66,604.75 60.66 .016 141.41 .99   ORAL SURGERY 471 1,098 66,604.75 60.66 .016 141.41 .99   ORAL SURGERY 471 1,098 66,604.75 60.66 .016 141.41 .99   ORAL SURGERY 471 1,098 66,604.75 60.66 .016 141.41 .99   ORAL SURGERY 471 1,098 66,604.75 60.66 .016 141.41 .99   ORAL SURGERY 471 1,098 66,604.75 60.66 .016 141.41 .99   ORAL SURGERY 471 1,098 66,604.75 60.66 .016 .016 141.41 .99   ORAL SURGERY 471 1,098 66,604.75 60.66 .016 .016 141.41 .99   ORAL SURGERY 471 1,098 66,604.75 60.66 .016 .016 .11.41 .19   ORAL SURGERY 471 1,098 66,604.75 60.66 .016 .016 .11.41 .19   ORAL SURGERY 471 1,098 66,604.75 60.66 .016 .016 .11.41 .19   ORAL SURGERY 471 1,098 66,604.75 60.66 .016 .016 .11.41 .10 .90   ORAL SURGERY 471 673 60.00   ORAL SURGERY 471 673 60.00   ORAL SURGERY 471 673 60.0	INPATIENT HOSPITAL SURGERY	514	2,354		295,427.17		125.50	.035		574.76		4.41
AMESTHESIOLOGIST 210 1,882 41,697.57 22.16 0.28 198.56 6.62 0.62 0.62 0.62 0.65 0.65 0.65 0.65 0.65 0.65 0.65 0.65	PRINCIPAL SURGEON	327	401		240,962.03		600.90	.006		736.89		3.59
OUTPATIENT SURGERY         558         1,327         110,798.69         83.50         .020         198.56         1.65           PRINCIPAL SURGEON         477         646         93,421.13         144.61         .010         195.85         1.39           ASSISTANT SURGEON         8         8         1,000.19         125.02         .000         125.02         .01           AMESTHESIOLOGIST         125         673         16,377.37         24.33         .010         131.02         .24           DIALYSIS         3         21         869.50         41.40         .000         289.83         .01           PATHOLOGY         3,066         4,826         171,716.76         35.58         .072         56.01         2.56           PSYCHIATRY         3         3         98.94         32.98         .000         32.98         .00           OTHER SERVICES/ALL X-OVERS         1,451         7,137         100,292.96         14.05         .106         69.12         1.50           PRESCRIPTION DRUGS         15,924         38,949         2,375.666.76         61.00         .581         149.19         35.43           SMF/ICF         1         1         29.33         29.33         29.	ASSISTANT SURGEON	72	71		12,767.57		179.82	.001		177.33		.19
PRINCIPAL SURGEON 477 646 93,421,13 144.61 .010 195.85 1.39 ASSISTANT SURGEON 8 8 1,000.19 125.02 .000 125.02 .01 ANESTHESIOLOGIST 125 673 16,377.37 24.33 .010 131.02 .24 DIALYSIS 3 21 869.50 41.40 .000 289.83 .01 PATHOLOGY 247 383 5,668.11 14.80 .006 22.95 .08 RADIOLOGY 3,066 4,826 171,716.76 35.58 .072 56.01 2.56 PSYCHIARTY 3 3 9 8.94 32.98 .000 32.98 .00 IMMUNIZATION AND INJECTION 176 527 8,324.83 15.80 .008 47.30 .12 OTHER SERVICES/ALL X-OVERS 1,451 7,137 100.292.96 14.05 .006 69.12 1.50 PHERMARCY 16,031 40,822 2,400,196.44 \$ 58.80 .609 \$ 149.72 \$ 35.80 PRESCRIPTION DRUGS 15,924 38,949 2,375,696.76 61.00 .581 149.19 35.43 SNF/IFF 1 1 1 29.33 29.33 .000 29.33 .000 OUTPATIENTS 15,923 38,948 2,375,667.43 61.00 .581 149.19 35.43 MEDICAL SUPPLIES 402 1,873 24,499.68 13.08 .028 60.94 .37 ORAL SURGERY 471 1,995 9,083 130,582.51 14.38 .135 66.97 1.95 ORAL SURGERY 471 1,098 66.604.75 60.66 .016 141.41 .99 DRUGS 73 74 75 1,805.00 24.07 .001 24.73 .03 ANESTHESIA 41 52 4,106.00 78.96 .001 100.15 .06 PRESTRATIVE DENTISTRY 977 2,917 171,783.25 58.89 .044 175.88 .15 ENDODONTICS 221 511 67,583.50 132.26 .008 305.81 1.01 PERSONSHETICS 16 16 16 300.00 18.75 .000 18.75 PRESTRETICS 17 16 16 300.00 18.75 PRESTRETICS 18 4 4 246.00 61.50 .000 61.50 .000 61.50 PRESTRETICS 18 4 4 246.00 61.50 .000 61.50 .000 61.50 PRESTRETICS 18 580.000 10.01	ANESTHESIOLOGIST	210	1,882					.028		198.56		
PRINCIPAL SURGEON 477 646 93,421,13 144.61 .010 195.85 1.39 ASSISTANT SURGEON 8 8 1,000.19 125.02 .000 125.02 .010 AMESTHESIOLOGIST 125 673 16,377.37 24.33 .010 131.02 .24 DIALYSIS 3 21 869.50 41.40 .000 289.83 .01 PATHOLOGY 247 383 5,668.11 14.80 .006 22.95 .08 RADIOLOGY 3,066 4,826 171,716.76 35.58 .072 56.01 2.56 PSYCHIARTY 3 3 9.89.49 32.98 .000 32.98 .00 IMMUNIZATION AND INJECTION 176 527 8,324.83 15.80 .008 47.30 .12 OTHER SERVICES/ALL X-OVERS 1,451 7,137 100,292.96 14.05 .008 47.30 .12 OTHER SERVICES/ALL X-OVERS 1,451 7,137 100,292.96 14.05 .006 69.12 1.50 PHARMACY 16,031 40,822 2,400,196.44 5 58.80 .609 \$ 149.72 \$ 35.80 PRESCRIPTION DRUGS 15,924 38,949 2,375,696.76 61.00 .581 149.19 35.43 SNF/IGF 1 1 2,933 2933 .000 29.33 .000 OUTPATIENTS 15,923 38,948 2,375,667.43 61.00 .581 149.19 35.43 MEDICAL SUPPLIES 402 1,873 24,499.68 13.08 .028 60.94 .37 GENENTIST 2,867 14,495 \$ 505,738.76 \$ 34.89 .216 \$ 176.40 \$ 7.54 VISITS - DIAGNOSTIC 1,950 9,083 130,582.51 14.38 .135 66.97 1.95 ORAL SURGERY 471 1,098 66,604.75 60.66 .016 141.41 .99 DRUGS 73 73 75 1,805.00 24.07 .001 24.73 .03 ANESTHESIA 41 152 4,106.00 78.96 .001 100.15 .06 PERIODONTICS 92 98 10,145.50 103.53 .001 110.28 .15 ENDODONTICS 921 511 67,583.50 132.26 .008 305.81 1.01 PERIODONTICS 921 98 10,145.50 103.53 .001 110.28 .15 ENDODONTICS 922 98 10,145.50 103.53 .001 110.28 .15 ENDODONTICS 921 98 10,145.50 103.53 .001 110.28 .15 ENDODONTICS 922 98 10,145.50 103.53 .001 110.28 .15 ENDOTORS 941 941 942 942 943 940 941 941 941 941 941 941 941 941 9	OUTPATIENT SURGERY	558	1,327		110,798.69		83.50	.020		198.56		1.65
ASSISTANT SURGEON 8 8 8 1,000.19 125.02 .000 125.02 .01 ANESTHESIOLOGIST 125 673 16,377.37 24.33 .010 131.02 .24 DIALYSIS 3 21 869.50 41.40 .000 289.83 .01 PATHOLOGY 247 383 5.668.11 14.80 .006 22.95 .08 RADIOLOGY 3,066 4,826 171,716.76 35.58 .072 56.01 2.56 PSYCHIATRY 3 3 3 98.94 32.98 .000 32.98 .00 IMMUNIZATION AND INJECTION 176 527 8,324.83 15.80 .008 47.30 .12 OTHER SERVICES/ALL X-OVERS 1,451 7,137 100,292.96 14.05 .106 69.12 1.50 PRESCRIPTION DRUGS 15,924 38,949 2,375,696.76 61.00 .581 149.19 35.43 SNF/ICF 1 1 2,375,996.76 61.00 .581 149.19 35.43 SNF/ICF 1 1 2,2375,696.76 61.00 .581 149.19 35.43 SNF/ICF 1 1 2,29.33 29.33 .000 29.33 .00 OUTPATIENTS 15,923 38,948 2,375,667.43 61.00 .581 149.19 35.43 SNEDITION SUBJECT 1,873 24,499.68 13.08 .028 66.94 .37 GENERAL SUPPLIES 402 1,873 24,499.68 13.08 .028 60.99 .37 GENERAL SUPPLIES 402 1,873 24,499.68 13.08 .028 60.99 .37 GENERAL SUPPLIES 402 1,873 24,499.68 13.08 .028 60.99 .37 GENERAL SURGERY 471 1,098 66,604.75 60.66 .016 141.41 .99 DRUGS 73 73 75 1,805.00 24.07 .001 24.73 .03 ANESTHESIA 41 52 4,106.00 78.96 .001 100.15 .006 PERIODONTICS 92 98 10.145.50 103.53 .001 100.15 .006 PERIODONTICS 92 98 10.145.50 103.53 .001 100.15 .006 PRESTORATIVE DENTISTRY 977 2,917 171,783.25 58.89 .044 175.83 2.56 PROSTHETICS 16 16 16 300.00 18.75 .000 18.75 .000 18.75 .000 18.75 .000 ENDOTONES, 544 4 4 246.00 61.50 .000 61.50 .000 61.50 .000 MAXILLOFACIAL SERVICES, 515LOCATIONS 1 1 1 800.00 800.00 .001 800.00 .01	PRINCIPAL SURGEON	477	646		93,421.13			.010		195.85		
DIALYSIS   3	ASSISTANT SURGEON	8	8		1,000.19		125.02	.000		125.02		.01
PATHOLOGY 3,066 4,826 171,716.76 35.58 .072 56.01 2.56 PSYCHIATRY 3 83 8,949 32.98 .000 32.98 .000 184.05 .012 .015 PSYCHIATRY 3 89.94 32.98 .000 32.98 .000 184.05 .015 PSYCHIATRY 3 89.94 32.98 .000 182.98 .000 184.05 .016 .016 .015 PSYCHIATRY 3 89.94 32.98 .000 182.98 .000 184.730 .12 OTHER SERVICES/ALL X-OVERS 1,451 7,137 100,292.96 14.05 .008 47.30 .12 OTHER SERVICES/ALL X-OVERS 1,451 7,137 100,292.96 14.05 .006 69.12 1.50 (PPHARMACY 16,031 40,822 \$ 2,400,196.44 \$ 58.80 .609 \$ 149.72 \$ 35.80 PRESCRIPTION DRUGS 15,924 38,949 2,375,696.76 61.00 .581 149.19 35.43 SNF/ICF 1 1 1 2.933 29.33 .000 29.33 .000 OUTPATIENTS 15,923 38,948 2,375,667.43 61.00 .581 149.20 35.43 MEDICAL SUPPLIES 402 1,873 24,499.68 13.08 .028 60.94 .37 (PDENTIST 2,867 14,955 \$ 505,738.76 \$ 34.89 .216 \$ 176.40 \$ 7.54 VISITS - DIAGNOSTIC 1,950 9,083 130,582.51 14.38 .135 66.97 1.95 ORAL SURGERY 471 1,098 66,604.75 60.66 .016 141.41 .99 DRUGS 73 73 75 1,805.00 24.07 .001 24.73 .03 ANESTHESIA 41 52 4,106.00 78.96 .001 100.15 .06 PERIODONTICS 92 98 10,145.50 103.53 .001 110.28 .15 ENDODONTICS 97 977 2,917 171,783.25 58.89 .044 175.83 2.56 PROSTHEITCS 16 16 16 300.00 18.75 .000 18.	ANESTHESIOLOGIST	125	673		16,377.37		24.33	.010		131.02		.24
RADIOLOGY 3,066 4,826 171,716.76 35.58 .072 56.01 2.56   PSYCHIATRY 3 3 3 98.94 32.98 .000 32.98 .00   IMMUNIZATION AND INJECTION 176 527 8,324.83 15.80 .008 47.30 .12   OTHER SERVICES/ALL X-OVERS 1,451 7,137 100,292.96 14.05 .106 69.12 1.50   (PHARMACY 16,031 40,822 \$ 2,400,196.44 \$ 58.80 .609 \$ 149.72 \$ 35.80   PRESCRIPTION DRUGS 15,924 38,949 2,375,696.76 61.00 .581 149.19 35.43   SNF/ICF 1 1 29.33 29.33 .000 29.33 .00   OUTPATIENTS 15,923 38,948 2,375,667.43 61.00 .581 149.20 35.43   MEDICAL SUPPLIES 402 1,873 24,499.68 13.08 .028 60.94 .37   (PENTIST - DIAGNOSTIC 1,950 9,083 130,582.51 14.38 .135 66.97 1.95   ORAL SURGERY 471 1,098 66.604.75 60.66 .016 141.41 .99   DRUGS 73 73 75 1,805.00 24.07 .001 24.73 .03   ANENTHESIA 41 52 4,106.00 78.96 .001 100.15 .06   PERIODONTICS 92 98 10,145.50 103.53 .001 110.28 .15   EENDODONTICS 21 511 67,583.50 132.26 .008 305.81 1.01   RESTORATIVE DENTISTRY 977 2,917 171,783.25 58.89 .044 175.83 2.56   PROSTHETICS 19 22 33 30.00 141.01 .003 441.71 .45   SPACE MAINTAINERS 19 25 3,040.00 121.60 .000 61.50 .00   MAXILLOFACIAL SERVICES 4 4 2 246.00 61.50 .000 61.50 .00   FRACTURES, DISLOCATIONS 1 1 1 800.00 800.00 .000 800.00 .001	DIALYSIS	3	21		869.50		41.40	.000		289.83		.01
PSYCHIATRY	PATHOLOGY	247	383		5,668.11		14.80	.006		22.95		.08
IMMUNIZATION AND INJECTION   176   527   8,324.83   15.80   .008   47.30   .12   .12   .150   .106   .12   .150   .106   .12   .150   .106   .12   .150   .106   .12   .150   .106   .150   .106   .150   .106   .150   .106   .150   .106   .150   .106   .150   .106   .150   .106   .150   .150   .106   .150   .150   .106   .150   .	RADIOLOGY	3,066	4,826		171,716.76		35.58	.072		56.01		2.56
OTHER SERVICES/ALL X-OVERS 1,451 7,137 100,292.96 14.05 .106 69.12 1.50 6PHARMACY 16,031 40,822 \$ 2,400,196.44 \$ 58.80 .609 \$ 149.72 \$ 35.80 FRESCRIPTION DRUGS 15,924 38,949 2,375,696.76 61.00 .581 149.19 35.43 SNF/ICF 1 1 29.33 .000 29.33 .00 OUTPATIENTS 15,923 38,948 2,375,667.43 61.00 .581 149.20 35.43 MEDICAL SUPPLIES 402 1,873 24,499.68 13.08 .028 60.94 .37 GDENTIST 2,867 14,495 \$ 505,738.76 \$ 34.89 .216 \$ 176.40 \$ 7.54 VISITS - DIAGNOSTIC 1,950 9,083 130,582.51 14.38 .135 66.97 1.95 ORAL SURGERY 471 1,098 66,604.75 60.66 .016 141.41 .99 DRUGS 73 73 75 1,805.00 24.07 .001 24.73 .03 ANESTHESIA 41 52 4,106.00 78.96 .001 100.15 .06 PERIODONTICS 92 98 10,145.50 103.53 .001 110.28 .15 ENDODONTICS 92 98 10,145.50 103.53 .001 110.28 .15 ENDODONTICS 977 2,917 171,783.25 58.89 .044 175.83 2.56 PROSTHETICS 16 16 16 300.00 18.75 .000 DENTURES, STAYPLATES 68 213 30,036.00 141.01 .003 441.71 .45 SPACE MAINTAINERS 19 25 3,040.00 121.60 .000 160.00 .05 MAXILLOFACIAL SERVICES 4 4 4 4 246.00 61.50 .000 61.50 .000 FRACTURES, DISLOCATIONS 1 1 1 800.00 800.00 .000 800.00 .001	PSYCHIATRY	3	3		98.94		32.98	.000		32.98		.00
@PHARMACY         16,031         40,822         \$ 2,400,196.44         \$ 58.80         .609         \$ 149.72         \$ 35.80           PRESCRIPTION DRUGS         15,924         38,949         2,375,696.76         61.00         .581         149.19         35.43           SNF/ICF         1         1         29.33         .29.33         .000         29.33         .00           OUTPATIENTS         15,923         38,948         2,375,667.43         61.00         .581         149.20         35.43           MEDICAL SUPPLIES         402         1,873         24,499.68         13.08         .028         60.94         .37           @DENTIST         2,867         14,495         \$ 505,738.76         \$ 34.89         .216         \$ 176.40         \$ 7.54           VISITS - DIAGNOSTIC         1,950         9,083         130,582.51         14.38         .135         66.97         1.95           ORAL SURGERY         471         1,098         66,604.75         60.66         .016         141.41         .99           DRUGS         73         75         1,805.00         24.07         .001         24.73         .03           ANESTHESIA         41         52         4,106.00         78.96 <td>IMMUNIZATION AND INJECTION</td> <td>176</td> <td>527</td> <td></td> <td>8,324.83</td> <td></td> <td>15.80</td> <td>.008</td> <td></td> <td>47.30</td> <td></td> <td>.12</td>	IMMUNIZATION AND INJECTION	176	527		8,324.83		15.80	.008		47.30		.12
PRESCRIPTION DRUGS         15,924         38,949         2,375,696.76         61.00         .581         149.19         35.43           SNF/ICF         1         1         29.33         29.33         .000         29.33         .00           OUTPATIENTS         15,923         38,948         2,375,667.43         61.00         .581         149.20         35.43           MEDICAL SUPPLIES         402         1,873         24,499.68         13.08         .028         60.94         .37           QDENTIST         2,867         14,495         \$ 505,738.76         \$ 34.89         .216         \$ 176.40         \$ 7.54           VISITS - DIAGNOSTIC         1,950         9,083         130,582.51         14.38         .135         66.97         1.95           ORAL SURGERY         471         1,098         66,604.75         60.66         .016         141.41         .99           DRUGS         73         75         1,805.00         24.07         .001         24.73         .03           ANESTHESIA         41         52         4,106.00         78.96         .001         100.15         .06           PERIODONTICS         221         51         67,583.50         132.26         .0	OTHER SERVICES/ALL X-OVERS	1,451	7,137		100,292.96		14.05	.106		69.12		1.50
SNF/ICF	@PHARMACY	16,031	40,822	\$	2,400,196.44	\$	58.80	.609	\$	149.72	\$	35.80
OUTPATIENTS         15,923         38,948         2,375,667.43         61.00         .581         149.20         35.43           MEDICAL SUPPLIES         402         1,873         24,499.68         13.08         .028         60.94         .37           GDENTIST         2,867         14,495         \$ 505,738.76         \$ 34.89         .216         \$ 176.40         \$ 7.54           VISITS - DIAGNOSTIC         1,950         9,083         130,582.51         14.38         .135         66.97         1.95           ORAL SURGERY         471         1,098         66,604.75         60.66         .016         141.41         .99           DRUGS         73         75         1,805.00         24.07         .001         24.73         .03           ANESTHESIA         41         52         4,106.00         78.96         .001         100.15         .06           PERIODONTICS         92         98         10,145.50         103.53         .001         110.15         .06           RESTORATIVE DENTISTRY         977         2,917         171,783.25         58.89         .044         175.83         2.56           PROSTHETICS         16         16         300.00         18.75 <td< td=""><td>PRESCRIPTION DRUGS</td><td>15,924</td><td>38,949</td><td></td><td>2,375,696.76</td><td></td><td>61.00</td><td>.581</td><td></td><td>149.19</td><td></td><td>35.43</td></td<>	PRESCRIPTION DRUGS	15,924	38,949		2,375,696.76		61.00	.581		149.19		35.43
MEDICAL SUPPLIES         402         1,873         24,499.68         13.08         .028         60.94         .37           @DENTIST         2,867         14,495         \$ 505,738.76         \$ 34.89         .216         \$ 176.40         \$ 7.54           VISITS - DIAGNOSTIC         1,950         9,083         130,582.51         14.38         .135         66.97         1.95           ORAL SURGERY         471         1,098         66,604.75         60.66         .016         141.41         .99           DRUGS         73         75         1,805.00         24.07         .001         24.73         .03           ANESTHESIA         41         52         4,106.00         78.96         .001         100.15         .06           PERIODONTICS         92         98         10,145.50         103.53         .001         110.28         .15           ENDODONTICS         221         511         67,583.50         132.26         .008         305.81         1.01           RESTORATIVE DENTISTRY         977         2,917         171,783.25         58.89         .044         175.83         2.56           PROSTHETICS         16         16         300.00         18.75         .000 <td>SNF/ICF</td> <td>1</td> <td>1</td> <td></td> <td>29.33</td> <td></td> <td>29.33</td> <td>.000</td> <td></td> <td>29.33</td> <td></td> <td>.00</td>	SNF/ICF	1	1		29.33		29.33	.000		29.33		.00
QDENTIST         2,867         14,495         \$ 505,738.76         \$ 34.89         .216         \$ 176.40         \$ 7.54           VISITS - DIAGNOSTIC         1,950         9,083         130,582.51         14.38         .135         66.97         1.95           ORAL SURGERY         471         1,098         66,604.75         60.66         .016         141.41         .99           DRUGS         73         75         1,805.00         24.07         .001         24.73         .03           ANESTHESIA         41         52         4,106.00         78.96         .01         100.15         .06           PERIODONTICS         92         98         10,145.50         103.53         .001         110.28         .15           ENDODONTICS         221         511         67,583.50         132.26         .008         305.81         1.01           RESTORATIVE DENTISTRY         977         2,917         171,783.25         58.89         .044         175.83         2.56           PROSTHETICS         16         16         300.00         18.75         .00         18.75         .00           DENTURES, STAYPLATES         68         213         30,036.00         141.01         .003 <td>OUTPATIENTS</td> <td>15<b>,</b>923</td> <td>38,948</td> <td></td> <td>2,375,667.43</td> <td></td> <td>61.00</td> <td>.581</td> <td></td> <td>149.20</td> <td></td> <td>35.43</td>	OUTPATIENTS	15 <b>,</b> 923	38,948		2,375,667.43		61.00	.581		149.20		35.43
VISITS - DIAGNOSTIC         1,950         9,083         130,582.51         14.38         .135         66.97         1.95           ORAL SURGERY         471         1,098         66,604.75         60.66         .016         141.41         .99           DRUGS         73         75         1,805.00         24.07         .001         24.73         .03           ANESTHESIA         41         52         4,106.00         78.96         .001         100.15         .06           PERIODONTICS         92         98         10,145.50         103.53         .001         110.28         .15           ENDODONTICS         221         511         67,583.50         132.26         .008         305.81         1.01           RESTORATIVE DENTISTRY         977         2,917         171,783.25         58.89         .044         175.83         2.56           PROSTHETICS         16         16         300.00         18.75         .000         18.75         .00           DENTURES, STAYPLATES         68         213         30,036.00         141.01         .003         441.71         .45           SPACE MAINTAINERS         19         25         3,040.00         121.60         .000	MEDICAL SUPPLIES	402	1,873		24,499.68		13.08	.028		60.94		.37
ORAL SURGERY 471 1,098 66,604.75 60.66 .016 141.41 .99 DRUGS 73 75 1,805.00 24.07 .001 24.73 .03 ANESTHESIA 41 52 4,106.00 78.96 .001 100.15 .06 PERIODONTICS 92 98 10,145.50 103.53 .001 110.28 .15 ENDODONTICS 221 511 67,583.50 132.26 .008 305.81 1.01 RESTORATIVE DENTISTRY 977 2,917 171,783.25 58.89 .044 175.83 2.56 PROSTHETICS 16 16 300.00 18.75 .000 18.75 .00 DENTURES, STAYPLATES 68 213 30,036.00 141.01 .003 441.71 .45 SPACE MAINTAINERS 19 25 3,040.00 121.60 .000 160.00 .05 MAXILLOFACIAL SERVICES 4 4 4 246.00 61.50 .000 61.50 .000 FRACTURES, DISLOCATIONS 1 1 800.00 800.00 .000 800.00 .01	@DENTIST	2,867	14,495	\$	505,738.76	\$	34.89	.216	\$	176.40	\$	7.54
DRUGS 73 75 1,805.00 24.07 .001 24.73 .03 ANESTHESIA 41 52 4,106.00 78.96 .001 100.15 .06 PERIODONTICS 92 98 10,145.50 103.53 .001 110.28 .15 ENDODONTICS 221 511 67,583.50 132.26 .008 305.81 1.01 RESTORATIVE DENTISTRY 977 2,917 171,783.25 58.89 .044 175.83 2.56 PROSTHETICS 16 16 300.00 18.75 .000 18.75 .00 DENTURES, STAYPLATES 68 213 30,036.00 141.01 .003 441.71 .45 SPACE MAINTAINERS 19 25 3,040.00 121.60 .000 160.00 .05 MAXILLOFACIAL SERVICES 4 4 4 246.00 61.50 .000 800.00 .01	VISITS - DIAGNOSTIC	1,950	9,083		130,582.51		14.38	.135		66.97		1.95
ANESTHESIA 41 52 4,106.00 78.96 .001 100.15 .06 PERIODONTICS 92 98 10,145.50 103.53 .001 110.28 .15 ENDODONTICS 221 511 67,583.50 132.26 .008 305.81 1.01 RESTORATIVE DENTISTRY 977 2,917 171,783.25 58.89 .044 175.83 2.56 PROSTHETICS 16 16 300.00 18.75 .000 18.75 .00 DENTURES, STAYPLATES 68 213 30,036.00 141.01 .003 441.71 .45 SPACE MAINTAINERS 19 25 3,040.00 121.60 .000 160.00 .05 MAXILLOFACIAL SERVICES 4 4 246.00 61.50 .000 61.50 .00 FRACTURES, DISLOCATIONS 1 1 800.00 800.00 .000 800.00 .01	ORAL SURGERY		1,098		66,604.75			.016				.99
PERIODONTICS         92         98         10,145.50         103.53         .001         110.28         .15           ENDODONTICS         221         511         67,583.50         132.26         .008         305.81         1.01           RESTORATIVE DENTISTRY         977         2,917         171,783.25         58.89         .044         175.83         2.56           PROSTHETICS         16         16         300.00         18.75         .000         18.75         .00           DENTURES, STAYPLATES         68         213         30,036.00         141.01         .003         441.71         .45           SPACE MAINTAINERS         19         25         3,040.00         121.60         .000         160.00         .05           MAXILLOFACIAL SERVICES         4         4         246.00         61.50         .000         61.50         .00           FRACTURES, DISLOCATIONS         1         1         800.00         800.00         .000         800.00         .01	DRUGS	73	75		1,805.00		24.07	.001		24.73		.03
ENDODONTICS         221         511         67,583.50         132.26         .008         305.81         1.01           RESTORATIVE DENTISTRY         977         2,917         171,783.25         58.89         .044         175.83         2.56           PROSTHETICS         16         16         300.00         18.75         .000         18.75         .00           DENTURES, STAYPLATES         68         213         30,036.00         141.01         .003         441.71         .45           SPACE MAINTAINERS         19         25         3,040.00         121.60         .000         160.00         .05           MAXILLOFACIAL SERVICES         4         4         246.00         61.50         .000         61.50         .00           FRACTURES, DISLOCATIONS         1         1         800.00         800.00         .000         800.00         .01	ANESTHESIA				4,106.00		78.96	.001		100.15		.06
RESTORATIVE DENTISTRY 977 2,917 171,783.25 58.89 .044 175.83 2.56 PROSTHETICS 16 16 300.00 18.75 .000 DENTURES, STAYPLATES 68 213 30,036.00 141.01 .003 441.71 .45 SPACE MAINTAINERS 19 25 3,040.00 121.60 .000 160.00 .05 MAXILLOFACIAL SERVICES 4 4 246.00 61.50 .000 61.50 .000 FRACTURES, DISLOCATIONS 1 1 800.00 800.00 .000 800.00 .01	PERIODONTICS	92	98		10,145.50		103.53	.001		110.28		.15
PROSTHETICS       16       16       300.00       18.75       .000       18.75       .00         DENTURES, STAYPLATES       68       213       30,036.00       141.01       .003       441.71       .45         SPACE MAINTAINERS       19       25       3,040.00       121.60       .000       160.00       .05         MAXILLOFACIAL SERVICES       4       4       246.00       61.50       .000       61.50       .00         FRACTURES, DISLOCATIONS       1       1       800.00       800.00       .000       800.00       .01	ENDODONTICS	221	511		67,583.50		132.26	.008		305.81		1.01
DENTURES, STAYPLATES 68 213 30,036.00 141.01 .003 441.71 .45 SPACE MAINTAINERS 19 25 3,040.00 121.60 .000 160.00 .05 MAXILLOFACIAL SERVICES 4 4 246.00 61.50 .000 61.50 .00 FRACTURES, DISLOCATIONS 1 1 800.00 800.00 .000 800.00 .01	RESTORATIVE DENTISTRY	977	2,917		171,783.25		58.89	.044		175.83		2.56
SPACE MAINTAINERS     19     25     3,040.00     121.60     .000     160.00     .05       MAXILLOFACIAL SERVICES     4     4     246.00     61.50     .000     61.50     .00       FRACTURES, DISLOCATIONS     1     1     800.00     800.00     .000     800.00     .01	PROSTHETICS		16		300.00		18.75	.000		18.75		.00
MAXILLOFACIAL SERVICES       4       4       246.00       61.50       .000       61.50       .00         FRACTURES, DISLOCATIONS       1       1       800.00       800.00       .000       800.00       .01	DENTURES, STAYPLATES	68	213		30,036.00			.003		441.71		.45
FRACTURES, DISLOCATIONS 1 1 800.00 800.00 .000 800.00 .01	SPACE MAINTAINERS	19	25		3,040.00		121.60	.000		160.00		.05
	MAXILLOFACIAL SERVICES	4	4		246.00		61.50	.000		61.50		.00
ODEHODOMETC CEDUTCEC 10E 222 17 421 0E 74 01 002 04 00	FRACTURES, DISLOCATIONS	1	1		800.00		800.00	.000		800.00		.01
OKTHODONTIC SERVICES 185 233 1/,431.25 /4.81 .003 94.22 .26	ORTHODONTIC SERVICES	185	233		17,431.25		74.81	.003		94.22		.26
ALL OTHER SERVICES 117 169 1,275.00 7.54 .003 10.90 .02	ALL OTHER SERVICES	117	169		1,275.00		7.54	.003		10.90		.02
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,346	#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITU	RES M	MONTH-OF-PAYMENT RE	EPOR	r for jan 2	2004 THRU	DEC	2004	PA	GE 18,346
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05	MOP024	FEE-FOR-SERVICE/DEN	ITAL									03/14/05
YUBA COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K	YUBA COUNTY	SUMMARY OF SERVICES	FOR MN-NOS	OC-FA	AM 34 39 3N 3T 3V 5	54 59	9 5J 5W-5Y	6J 7J 7K				

IOBA COONII	SOUTHWILL OF SELV	VICES FOR MM NOS	JC FA	M 24 23 2N 21 2V .	J4 J3	) JU JW JI	00 /0 /10				
							M	CNC	THLY AVERA	.GE	
67,052 ELIGIBLES	USERS	UNITS OF SERVICE	Ξ	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	Ξ		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	714	2,061	\$	45,202.62	\$	21.93	.031	\$	63.31	\$	.67
DIAGNOSTIC AND ANC. PROCED	524	601		23,513.60		39.12	.009		44.87		.35
EYE APPLIANCES	524	1,456		21,508.82		14.77	.022		41.05		.32
OTHER OPTOMETRIC SERVICES	5	4		180.20		45.05	.000		36.04		.00
@CHIROPRACTOR	249	547	\$	8,857.42	\$	16.19	.008	\$	35.57	\$	.13
VISITS	249	547		8,857.42		16.19	.008		35.57		.13
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	8	10	\$	327.00	\$	32.70	.000	\$	40.88	\$	.00
MEDICINE/INJECTIONS	8	9		309.70		34.41	.000		38.71		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	1	1		17.30		17.30	.000		17.30		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	339	879	\$	52,663.92	\$	59.91	.013	\$	155.35	\$	.79
NURSE ANESTHESIST	21	223	\$	2,440.53	\$	10.94	.003	\$	116.22	\$	.04

NURSE MIDWIFE	75	104	\$	56,523.74	\$	543.50	.002	\$	753.65	\$	.84
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	487 5,407	1,035	\$	17,837.96	\$	17.23	.015	\$	36.63		.27
@TOTAL HOSPITAL	5,407	26,319	\$	4,352,004.65	\$	165.36	.393	\$	804.88	\$	64.90
HOSP INPATIENT TOTAL	569	2,491		3,617,082.44		1452.06	.037		6356.91		53.94
HSC HOSPITALS	569 103 471	726		1,008,601.34		1389.26	.011		9792.25		15.04
NON-HSC HOSPITAL TOTAL	471	1,765		2,606,154.89		1476.58	.026		5533.24		38.87
ACCOMMODATIONS	471 1	1,765		795,234.26		450.56	.026		1688.40		11.86
ADMINISTRATIVE DAYS	1	31		6,870.84		221.64	.000		6870.84		.10
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	470	1,734		788,363.42		454.65	.026		1677.37		11.76
ANCILLARIES	469	. 0		1,810,920.63		.00	.000		3861.24		27.01
INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL	4	0		2,326.21		.00	.000		581.55		.03
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	5,064	23,828		734,922.21		30.84	.355		145.13		10.96
MEDICAL	1,592	2,383		126,326.14		53.01	.036		79.35		1.88
SURGERY	461	562		31,692.91		56.39	.008		68.75		.47
PATHOLOGY	1,984	8,141		102,211.30		12.56	.121		51.52		1.52
RADIOLOGY	2,179	2,934		191,470.85		65.26	.044		87.87		2.86
ROOM USE	2 <b>,</b> 678	3 <b>,</b> 788		148,344.40		39.16	.056		55.39		2.21
CROSSOVERS/ALL OTH OUTPINT		6,020		134,876.61		22.40	.090		75.73		2.01
@COUNTY HOSPITAL TOTAL	16	118	\$	13,957.56	\$	118.28	.002	\$	872.35	\$	.21
CO HOSPITAL INPATIENT TOTAL	3	9		10 650 02		1183.34	.000		3550.01		.16
HSC HOSPITALS	3	9		10,650.02 10,650.02 .00 .00 .00		1183.34	.000		3550.01		.16
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	15	109		3,307.54		30.34	.002		220.50		.05
MEDICAL	3	4		317.37		79.34	.000		105.79		.00
SURGERY	5	8 50		342.73		42.84	.000		68.55		.01
PATHOLOGY	6	50		719.20		14.38	.001		119.87		.01
RADIOLOGY	3	4		345.08		86.27	.000		115.03		.01
ROOM USE	13	23		1,304.95		56.74	.000		100.38		.02
CROSSOVERS/ALL OTH OUTPINT	7	20		278.21		13.91	.000		39.74		.00
#CALIF DEPT OF HEALTH SERV		EXPENDITU	JRES M		EPOR		2004 THRU	DEC		P.F	AGE 18,347
MOP024	FEE-FOR-SERVICE/DENTA										03/14/05
YUBA COUNTY	SUMMARY OF SERVICES F		SOC-FA	M 34 39 3N 3T 3V	54 5	9 5J 5W-5	Y 6J 7J 7K				
									TT	CF -	

----- MONTHLY AVERAGE -----USERS AVERAGE COST UNITS/DAYS COST PER 67,052 ELIGIBLES UNITS OF SERVICE EXPENDITURES OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 5,392 26,201 \$ @COMMUNITY HOSPITAL TOTAL 4,338,047.09 \$ 165.57 .391 \$ 804.53 \$ 64.70 COMM HOSP INPATIENT TOTAL 566 2,482 3,606,432.42 1453.03 .037 6371.79 53.79 HSC HOSPITALS 100 717 997,951.32 1391.84 9979.51 14.88 .011 NON-HSC HOSPITALS TOTAL 471 1,765 2,606,154.89 1476.58 .026 5533.24 38.87 471 450.56 1688.40 11.86 ACCOMMODATIONS 1,765 795,234.26 .026 1 31 6,870.84 221.64 6870.84 ADMINISTRATIVE DAYS .000 .10 TRANSITIONAL IP CARE 0 0 .00 .00 .000 .00 .00 470 788,363.42 1,734 454.65 .026 1677.37 11.76 ALL OTHER ACCOM 469 0 1,810,920.63 .00 3861.24 27.01 ANCILLARIES .000 INPATIENT CROSSOVERS 4 0 2,326.21 .00 .000 581.55 .03 0 ALL OTHER INPATIENT .00 .00 .000 .00 .00

COMM HOSP OUTPATIENT TOTAL	5,049	23,719		731,614.67		30.85	.354		144.90		10.91
MEDICAL	1,589	2,379		126,008.77		52.97	.035		79.30		1.88
SURGERY	456	554		31,350.18		56.59	.008		68.75		.47
PATHOLOGY	1,978	8,091		101,492.10		12.54	.121		51.31		1.51
RADIOLOGY	2,176	2,930		191,125.77		65.23	.044		87.83		2.85
ROOM USE	2,665	3,765		147,039.45		39.05	.056		55.17		2.19
CROSSOVERS/ALL OTH OUTPTNT	•	6,000	_	134,598.40	_	22.43	.089	_	75.87	_	2.01
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	Ş	.00	Ş	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	Ş	.00	Ş	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	10	120	\$	12,479.46	\$	104.00	.002	\$	1247.95	\$	.19
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	10	120		12,479.46		104.00	.002		1247.95		.19
@REHABILITATION FACILITY	11	21	\$	956.58	\$	45.55	.000	\$	86.96	\$	.01
HOSPITAL BASED	11	21		956.58		45.55	.000		86.96		.01
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2,910	9 <b>,</b> 753	\$	134,584.64	\$	13.80	.145	\$	46.25	\$	2.01
PATHOLOGY	2,910	9 <b>,</b> 753		134,584.64		13.80	.145		46.25		2.01
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	13,467	22 <b>,</b> 892	\$	1,894,813.41	\$	82.77	.341	\$	140.70	\$	28.26
CLINIC	568	2,137		49,902.58		23.35	.032		87.86		.74
SURGICENTER	52	256		10,606.70		41.43	.004		203.98		.16
HEROIN DETOX CLINIC	3	40		521.79		13.04	.001		173.93		.01
RURAL HEALTH CLINIC	12,937	20,459		1,833,782.34		89.63	.305		141.75		27.35
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		RES MO		EPORT	r for Jan 2	004 THRU	DEC	2004	PA	GE 18,348
MOP024	FEE-FOR-SERVICE/DEN	ITAL									03/14/05
YUBA COUNTY	SUMMARY OF SERVICES	FOR MN-NOS	OC-FAI	M 34 39 3N 3T 3V	54 59	9 5J 5W-5Y	6J 7J 7K				

----- MONTHLY AVERAGE -----67,052 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 3,271 24,397 266,023.66 @ALL OTHER PROVIDERS 10.90 .364 \$ 81.33 \$ 3.97 DURABLE MED. EQUIP. 198 437 30,040.09 68.74 .007 151.72 .45 0 .00 BLOOD BANK 0 .00 .00 .000 .00 943.12 HEARING AID DISPENSERS 8 12 78.59 .000 117.89 .01 MEDICAL TRANSPORTATION 386 4,327 82,276.19 19.01 .065 213.15 1.23 377 3,794 57,602.00 15.18 .057 152.79 .86 AMBULANCES/AIR TRANS 6 3,420.18 570.03 OTHER TRANS 512 6.68 .008 .05 OTHER SERVICES 19 21 21,254.01 1012.10 .000 1118.63 .32 23 15.87 .000 33.18 ACUPUNCTURE 364.95 .01 ADULT DAY HEALTH CARE CTR 1 0 .00 .00 .000 .00 .00 GENETIC DISEASE TESTING 102 102 10,710.00 105.00 .002 105.00 .16 0 .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP 0 .00 OCCUPATIONAL THERAPIST 0 .00 .00 .000 .00 607 12,390.13 OPTICIAN 1,317 9.41 .020 20.41 .18 PHYSICAL THERAPIST 32 230 3,390.55 14.74 .003 105.95 .05

0	0		.00		.00	.000		.00		.00
60	109		12,306.55		112.90	.002		205.11		.18
60	109		12,306.55		112.90	.002		205.11		.18
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
121	236		10,844.28		45.95	.004		89.62		.16
3	11		1,381.38		125.58	.000		460.46		.02
0	0		.00		.00	.000		.00		.00
1,674	9,262		94,271.68		10.18	.138		56.32		1.41
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
150	8,331		7,104.74		.85	.124		47.36		.11
171	5,384	\$	561,527.52	\$	104.30	.080	\$	3283.79	\$	8.37
110	426	\$	17,330.77	\$	40.68	.006	\$	157.55	\$	.26
	0 0 0 121 3 0 1,674 0 0 0 150	60 109 0 0 0 0 121 236 3 11 0 0 1,674 9,262 0 0 0 0 150 8,331 171 5,384	60 109 0 0 0 0 121 236 3 11 0 0 1,674 9,262 0 0 0 0 0 0 150 8,331 171 5,384 \$	60       109       12,306.55         60       109       12,306.55         0       0       .00         0       0       .00         121       236       10,844.28         3       11       1,381.38         0       0       .00         1,674       9,262       94,271.68         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         150       8,331       7,104.74         171       5,384       \$ 561,527.52	60       109       12,306.55         60       109       12,306.55         0       0       .00         0       0       .00         121       236       10,844.28         3       11       1,381.38         0       0       .00         1,674       9,262       94,271.68         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         150       8,331       7,104.74         171       5,384       \$ 561,527.52       \$	60       109       12,306.55       112.90         60       109       12,306.55       112.90         0       0       .00       .00         0       0       .00       .00         121       236       10,844.28       45.95         3       11       1,381.38       125.58         0       0       .00       .00         1,674       9,262       94,271.68       10.18         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         150       8,331       7,104.74       .85         171       5,384       \$ 561,527.52       \$ 104.30	60       109       12,306.55       112.90       .002         60       109       12,306.55       112.90       .002         0       0       .00       .00       .000         0       0       .00       .00       .000         121       236       10,844.28       45.95       .004         3       11       1,381.38       125.58       .000         0       0       .00       .00       .000         1,674       9,262       94,271.68       10.18       .138         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         150       8,331       7,104.74       .85       .124         171       5,384       \$ 561,527.52       \$ 104.30       .080	60       109       12,306.55       112.90       .002         60       109       12,306.55       112.90       .002         0       0       .00       .00       .000         0       0       .00       .00       .000         121       236       10,844.28       45.95       .004         3       11       1,381.38       125.58       .000         0       0       .00       .00       .000         1,674       9,262       94,271.68       10.18       .138         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         150       8,331       7,104.74       .85       .124         171       5,384       \$ 561,527.52       \$ 104.30       .080       \$	60       109       12,306.55       112.90       .002       205.11         60       109       12,306.55       112.90       .002       205.11         0       0       .00       .00       .000       .00         0       0       .00       .00       .00       .00         121       236       10,844.28       45.95       .004       89.62         3       11       1,381.38       125.58       .000       460.46         0       0       .00       .00       .00       .00         1,674       9,262       94,271.68       10.18       .138       56.32         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00	60       109       12,306.55       112.90       .002       205.11         60       109       12,306.55       112.90       .002       205.11         0       0       .00       .00       .000       .00         0       0       .00       .00       .000       .00         121       236       10,844.28       45.95       .004       89.62         3       11       1,381.38       125.58       .000       460.46         0       0       .00       .00       .000       .00         1,674       9,262       94,271.68       10.18       .138       56.32         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00 <t< td=""></t<>

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,349 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

YUBA COUNTY	SUMMARY OF SER	VICES FOR MN - NO	SOC	- TOTAL				
						MON		
72,510 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	39 <b>,</b> 977	237,983	\$	13,480,800.16	\$ 56.65	3.282 \$		\$ 185.92
@PHYSICIANS SERVICES	8,868	26,940	\$	1,090,775.85	\$ 40.49			•
OUTPATIENT VISITS	3,949	5 <b>,</b> 287		207,428.77	39.23	.073	52.53	2.86
OFFICE VISITS	3,299	4,326		147,080.17	34.00	.060	44.58	2.03
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	235	259		14,320.69	55.29	.004	60.94	.20
PREVENTIVE CARE	1	1		37.39	37.39	.000	37.39	.00
OB VISITS/COMPRE PERI	337	537		41,671.96	77.60	.007	123.66	.57
OTHER OUTPATIENT	142	164		4,318.56	26.33	.002	30.41	.06
INPATIENT VISITS	435	1,379		91,254.63	66.17	.019	209.78	1.26
HOSPITAL VISITS	405	1,023		44,307.83	43.31	.014	109.40	.61
CRITICAL CARE	67	354		46,847.20	132.34	.005	699.21	.65
SNF/ICF/TRANS IP CARE	1	2		99.60	49.80	.000	99.60	.00
OPHTHALMOLOGICAL SERVICES	217	282		11,474.02	40.69	.004	52.88	.16
EXAMINATIONS	215	280		11,429.02	40.82	.004	53.16	.16
SERVICES AND MATERIALS	2	2		45.00	22.50	.000	22.50	.00
INPATIENT HOSPITAL SURGERY	540	2,501		308,502.23	123.35	.034	571.30	4.25
PRINCIPAL SURGEON	345	437		251,295.68	575.05	.006	728.39	3.47
ASSISTANT SURGEON	77	75		13,341.65	177.89	.001	173.27	.18
ANESTHESIOLOGIST	221	1,989		43,864.90	22.05	.027	198.48	.60
OUTPATIENT SURGERY	605	1,427		123,620.12	86.63	.020	204.33	1.70
PRINCIPAL SURGEON	521	701		105,177.10	150.04	.010	201.88	1.45
ASSISTANT SURGEON	8	8		1,000.19	125.02	.000	125.02	.01
ANESTHESIOLOGIST	132	718		17,442.83	24.29	.010	132.14	.24
DIALYSIS	18	63		4,549.54	72.21	.001	252.75	.06
PATHOLOGY	275	428		6,827.34	15.95	.006	24.83	.09
RADIOLOGY	3,235	5,160		188,022.97	36.44	.071	58.12	2.59
PSYCHIATRY	3	. 3		98.94	32.98	.000	32.98	.00
IMMUNIZATION AND INJECTION	186	557		8,671.54	15.57	.008	46.62	.12
OTHER SERVICES/ALL X-OVERS	2,241	9,853		·	14.24	.136	62.62	1.94
@PHARMACY	20,039	65,114	\$	-				\$ 54.95
PRESCRIPTION DRUGS	19,833	54,651	-		71.85	.754	197.99	54.15

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	76	559		27,490.01		49.18	.008	361.71		.38
OUTPATIENTS	19,765	54 <b>,</b> 092		3,899,177.07		72.08	.746	197.28		53.77
MEDICAL SUPPLIES	815	10,463		57,708.35		5.52	.144	70.81		.80
@DENTIST	3,086	15 <b>,</b> 455	\$	552 <b>,</b> 567.56	\$	35.75	.213	\$ 179.06	\$	7.62
VISITS - DIAGNOSTIC	2,076	9,608		136,635.26		14.22	.133	65.82		1.88
ORAL SURGERY	507	1,248		74,918.75		60.03	.017	147.77		1.03
DRUGS	73	75		1,805.00		24.07	.001	24.73		.02
ANESTHESIA	41	52		4,106.00		78.96	.001	100.15		.06
PERIODONTICS	102	109		11,262.50		103.33	.002	110.42		.16
ENDODONTICS	227	518		69,238.50		133.67	.007	305.02		.95
RESTORATIVE DENTISTRY	1,024	3,051		180,829.30		59.27	.042	176.59		2.49
PROSTHETICS	17	17		300.00		17.65	.000	17.65		.00
DENTURES, STAYPLATES	119	336		50,680.00		150.83	.005	425.88		.70
SPACE MAINTAINERS	19	25		3,040.00		121.60	.000	160.00		.04
MAXILLOFACIAL SERVICES	4	4		246.00		61.50	.000	61.50		.00
FRACTURES, DISLOCATIONS	1	1		800.00		800.00	.000	800.00		.01
ORTHODONTIC SERVICES	185	233		17,431.25		74.81	.003	94.22		.24
ALL OTHER SERVICES	129	178		1,275.00		7.16	.002	9.88		.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITU	RES MO	NTH-OF-PAYMENT RE	EPORT	FOR JAN	2004 THRU	DEC 2004	PAG	E 18,350
MOP024	FEE-FOR-SERVICE/DEN	ITAL								03/14/05
YUBA COUNTY	SUMMARY OF SERVICES	FOR MN - N	O SOC	- TOTAL						
							M	MONTHLY AVERA	GE	

						M	OIN	THLI AVERA	J.U.	
72,510 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE:	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	853	2,450	\$ 52 <b>,</b> 876.67	\$	21.58	.034	\$	61.99	\$	.73
DIAGNOSTIC AND ANC. PROCED	564	647	25,071.39		38.75	.009		44.45		.35
EYE APPLIANCES	629	1,771	26,779.87		15.12	.024		42.58		.37
OTHER OPTOMETRIC SERVICES	27	32	1,025.41		32.04	.000		37.98		.01
@CHIROPRACTOR	258	561	\$ 9,008.42	\$	16.06	.008	\$	34.92	\$	.12
VISITS	250	548	8,874.14		16.19	.008		35.50		.12
OTHER SERVICES	8	13	134.28		10.33	.000		16.79		.00
@PODIATRIST	53	67	\$ 762.23	\$	11.38	.001	\$	14.38	\$	.01

MEDICINE/INJECTIONS	8	9	309.70	34.41	.000	38.71	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	1	1	17.30	17.30	.000	17.30	.00
OTHER	45	57	435.23	7.64	.001	9.67	.01
@HOME HEALTH AGENCY	355	966 \$		\$ 60.83	.013 \$		•
NURSE ANESTHESIST	23	229 \$	2,594.15	\$ 11.33	.003 \$		\$ .04
NURSE MIDWIFE	75	104 \$	56,523.74	\$ 543.50	.001 \$		\$ .78
PEDIATRIC NURSE PRACTITIONER		0 \$	.00	\$ .00	.000 \$		
FAMILY NURSE PRACTITIONER	490	1,040 \$		\$ 17.23	.014 \$		
@TOTAL HOSPITAL	5 <b>,</b> 889	28 <b>,</b> 702 \$		\$ 165.54	.396 \$		
HOSP INPATIENT TOTAL	664	2 <b>,</b> 659	3,940,647.72	1482.00	.037	5934.71	54.35
HSC HOSPITALS	111	790	1,085,458.49	1374.00	.011	9778.91	14.97
NON-HSC HOSPITAL TOTAL	493	1 <b>,</b> 869	2,800,665.28	1498.48	.026	5680.86	38.62
ACCOMMODATIONS	493	1,869	855,330.41	457.64	.026	1734.95	11.80
ADMINISTRATIVE DAYS	1	31	6,870.84	221.64	.000	6870.84	.09
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	492	1,838	848,459.57	461.62	.025	1724.51	11.70
ANCILLARIES	491	0	1,945,334.87	.00	.000	3961.99	26.83
INPATIENT CROSSOVERS	69	0	54,523.95	.00	.000	790.20	.75
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5,469	26,043	810,550.93	31.12	.359	148.21	11.18
MEDICAL	1,667	2,671	140,540.18	52.62	.037	84.31	1.94
SURGERY	485	593	33,168.43	55.93	.008	68.39	.46
PATHOLOGY	2,096	8,760	109,718.31	12.52	.121	52.35	1.51
RADIOLOGY	2,261	3,094	205,136.05	66.30	.043	90.73	2.83
ROOM USE	2,765	3,940	154,813.54	39.29	.054	55.99	2.14
CROSSOVERS/ALL OTH OUTPINT	2,025	6,985	167,174.42	23.93	.096	82.56	2.31
@COUNTY HOSPITAL TOTAL	17	119 \$		\$ 117.30		821.13	
CO HOSPITAL INPATIENT TOTAL	3	9	10,650.02	1183.34	.000	3550.01	.15
HSC HOSPITALS	3	9	10,650.02	1183.34	.000	3550.01	.15
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	16	110	3,309.25	30.08	.002	206.83	.05
MEDICAL	3	4	317.37	79.34	.000	105.79	.00
SURGERY	5	8	342.73	42.84	.000	68.55	.00
PATHOLOGY	6	50	719.20	14.38	.001	119.87	.01
RADIOLOGY	3	4	345.08	86.27	.000	115.03	.00
ROOM USE	13	23	1,304.95	56.74	.000	100.38	.02
CROSSOVERS/ALL OTH OUTPINT	8	21	279.92	13.33	.000	34.99	.00
		ES AND EXPENDITURES M					PAGE 18,351
MOP024	FEE-FOR-SERVICE			ITOINI TOIN OIIIN Z	OUI IIIIO DE	0 2001	03/14/05
YUBA COUNTY		ICES FOR MN - NO SOC	- TOTAL				00/11/00
1021 000111	DOINGING OF BEILT	TODO TOR THE NO DOC	101111		MON	THLY AVERA	GE
72,510 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
,		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5,873	28,583 \$	4,737,239.38	\$ 165.74		806.61	
COMM HOSP INPATIENT TOTAL	661	2,650	3,929,997.70	1483.02	.037	5945.53	54.20
HSC HOSPITALS	108	781	1,074,808.47	1376.20	.011	9951.93	14.82
NON-HSC HOSPITALS TOTAL	493	1,869	2,800,665.28	1498.48	.026	5680.86	38.62
ACCOMMODATIONS	493	1,869	855,330.41	457.64	.026	1734.95	11.80
		,	,				

ADMINISTRATIVE DAYS	1	31		6,870.84		221.64	.000		6870.84		.09
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	492	1,838		848,459.57		461.62	.025		1724.51		11.70
ANCILLARIES	491	0		1,945,334.87		.00	.000		3961.99		26.83
INPATIENT CROSSOVERS	69	0		54,523.95		.00	.000		790.20		.75
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	5,453	25,933		807,241.68		31.13	.358		148.04		11.13
MEDICAL	1,664	2,667		140,222.81		52.58	.037		84.27		1.93
SURGERY	480	585		32,825.70		56.11	.008		68.39		.45
PATHOLOGY	2,090	8,710		108,999.11		12.51	.120		52.15		1.50
RADIOLOGY	2,258	3,090		204,790.97		66.28	.043		90.70		2.82
ROOM USE	2,752	3,917		153,508.59		39.19	.054		55.78		2.12
CROSSOVERS/ALL OTH OUTPINI	•	6,964	ċ	166,894.50	Ċ	23.97	.096	ċ	82.74	ċ	2.30
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	Ş	.00	Þ	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	92		ċ	.00	\$	.00 132.34	.000	ċ	.00 3674.00	ċ	.00
@NURSING FACILITY	92	2 <b>,</b> 554 0	\$	338,008.27 .00	Ą	.00	.035	Ą	.00	Þ	4.66 .00
LEV A-INTERMEDIATE LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	•	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	92	2,554		338,008.27		132.34	.035		3674.00		4.66
@INTERMEDIATE CARE FACILDD	0	2,334	\$	.00	\$	.00		\$	.00	Ġ	.00
ICF DDH	0	0	Y	.00	Ÿ	.00	.000	Y	.00	Y	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	47	3,249	\$		\$	25.47		Ś	1760.84	Ś	1.14
HOSPITAL BASED	0	0	т .	.00	τ	.00	.000	т	.00	т	.00
HEMODIALYSIS CENTER	47	3,249		82 <b>,</b> 759.45		25.47	.045		1760.84		1.14
@REHABILITATION FACILITY	11	21	\$	956.58	\$	45.55	.000	Ś	86.96	Ś	.01
HOSPITAL BASED	11	21	7	956.58	-	45.55	.000	7	86.96	7	.01
INDEPENDENT FACILITY	0			.00		.00	.000		.00		.00
@LABORATORY FACILITY	3,048	10,384	\$		\$		.143	\$	46.65	\$	1.96
PATHOLOGY	3,040	10,371		142,038.07		13.70	.143		46.72		1.96
XO AND OTHERS	. 8	13		165.85		12.76	.000		20.73		.00
@ORGANIZED OUTPATIENT CLINIC	14,557	24,928	\$		\$		.344	\$		\$	27.54
CLINIC	576	2,147		50,215.52		23.39	.030		87.18		.69
SURGICENTER	76	334		16,962.64		50.79	.005		223.19		.23
HEROIN DETOX CLINIC	4	48		633.28		13.19	.001		158.32		.01
RURAL HEALTH CLINIC	14,003	22 <b>,</b> 399		1,929,238.42		86.13	.309		137.77		26.61
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITU	RES MO	ONTH-OF-PAYMENT RE	EPORT	r for jan	2004 THRU	DEC	2004	PI	AGE 18,352
MOP024	FEE-FOR-SERVICE	E/DENTAL									03/14/05
YUBA COUNTY	SUMMARY OF SERV	JICES FOR MN - N	O SOC	- TOTAL							
									HLY AVERA	GE -	
72,510 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES			UNITS/DAY		COST PER		COST PER
		OR DAYS OF CAR					PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	3 <b>,</b> 941	55 <b>,</b> 219	\$	342,464.34	\$	6.20	.762	\$	86.90	\$	4.72
DURABLE MED. EQUIP.	230	488		33,761.16		69.18	.007		146.79		.47
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	34	40		3,091.62		77.29	.001		90.93		.04
MEDICAL TRANSPORTATION	446	7,063		99,728.85		14.12	.097		223.61		1.38
AMBULANCES/AIR TRANS	405	3,908		60,918.38		15.59	.054		150.42		.84
OTHER TRANS	28	3,072		17,402.40		5.66	.042		621.51		.24
OTHER SERVICES	32	83		21,408.07		257.93	.001		669.00		.30
ACUPUNCTURE	11	23		364.95		15.87	.000		33.18		.01

ADULT DAY HEALTH CARE CTR	1	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	102	102	10,710.00	105.00	.001	105.00	.15
IHMC, MODEL-NF, NF, AIDS, MSSP	13	119	6,833.19	57.42	.002	525.63	.09
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	732	1,598	15,662.09	9.80	.022	21.40	.22
PHYSICAL THERAPIST	33	256	3,779.03	14.76	.004	114.52	.05
PORTABLE X-RAY	6	9	6.50	.72	.000	1.08	.00
PROSTHETIST/ORTHOTISTS	78	150	16,180.43	107.87	.002	207.44	.22
PROSTHETICS	78	150	16,180.43	107.87	.002	207.44	.22
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	20.31	20.31	.000	20.31	.00
SPEECH AND AUDIOLOGY	142	287	13,570.67	47.28	.004	95.57	.19
HOSPICE SERVICES	7	94	10,214.69	108.67	.001	1459.24	.14
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,687	11,981	100,193.85	8.36	.165	59.39	1.38
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	538	33,008	28,347.00	.86	.455	52.69	.39
@CALIF. CHILDREN SERVICES*	179	5 <b>,</b> 397	\$ 562 <b>,</b> 685.64	\$ 104.26	.074	\$ 3143.50	\$ 7.76
@XOVER EXCLUDING STATE HOSP**	1,416	9,540	\$ 188,711.24	\$ 19.78	.132	\$ 133.27	\$ 2.60

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,353
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YUBA COUNTY SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

IODII OCCIVII	DOINTH OF DELC	VIOLO IOIC III DOC	, 11000		1110 0000 1	,		
						M	ONTHLY AVERA	AGE
129 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COS	T UNITS/DAY	S COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DA	Y PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	173	1,716	\$	152,819.30	\$ 89.06	13.302	\$ 883.35	\$ 1184.65
@PHYSICIANS SERVICES	32	321	\$	3,729.14	\$ 11.62	2.488	\$ 116.54	\$ 28.91
OUTPATIENT VISITS	2	2		16.21	8.11	.016	8.11	.13
OFFICE VISITS	2	2		16.21	8.11	.016	8.11	.13
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	2	2		40.00	20.00	.016	20.00	.31
EXAMINATIONS	2	2		40.00	20.00	.016	20.00	.31
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	28	317		3,672.93		11.59	2.457		131.18		28.47
@PHARMACY	116	535	\$	55,742.73	\$	104.19	4.147	\$	480.54	\$	432.11
PRESCRIPTION DRUGS	114	514		55,193.57		107.38	3.984		484.15		427.86
SNF/ICF	22	166		8,731.48		52.60	1.287		396.89		67.69
OUTPATIENTS	93	348		46,462.09		133.51	2.698		499.59		360.17
MEDICAL SUPPLIES	8	21		549.16		26.15	.163		68.65		4.26
@DENTIST	6	25	\$	1,433.00	\$	57.32	.194	\$	238.83	\$	11.11
VISITS - DIAGNOSTIC	4	17		171.00		10.06	.132		42.75		1.33
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	1	5		312.00		62.40	.039		312.00		2.42
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	2	3		950.00		316.67	.023		475.00		7.36
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		S MONTH-	-OF-PAYMENT RI	EPORT	FOR JAN	2004 THRU	DEC	2004	P.F	AGE 18,354
MODOOA	DDD DOD ODDITTOD / DDMMA	т									02/11/05

MOP024 YUBA COUNTY 03/14/05 FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - SOC - AGED AID CODE 17 1Y

							M	CNO	HLY AVERA	GE	
129 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	:		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	4	12	\$	226.78	\$	18.90	.093	\$	56.70	\$	1.76
DIAGNOSTIC AND ANC. PROCED	2	3		67.45		22.48	.023		33.73		.52
EYE APPLIANCES	3	9		159.33		17.70	.070		53.11		1.24
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	8	11	\$	5,524.16	\$	502.20	.085	\$	690.52	\$	42.82
HOSP INPATIENT TOTAL	5	0		5,256.00		.00	.000		1051.20		40.74
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	5	0		5,256.00	.00	.000	1051.20	40.74	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	3	11		268.16	24.38	.085	89.39	2.08	
MEDICAL	0	0		.00	.00	.000	.00	.00	
SURGERY	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	.00	
RADIOLOGY	0	0		.00	.00	.000	.00	.00	
ROOM USE	0	0		.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPINT	3	11		268.16	24.38	.085	89.39	2.08	
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000	.00	\$ .00	
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00	
MEDICAL	0	0		.00	.00	.000	.00	.00	
SURGERY	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	.00	
RADIOLOGY	0	0		.00	.00	.000	.00	.00	
ROOM USE	0	0		.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		RES MOI	NTH-OF-PAYMENT RE	EPORT FOR JAN	2004 THRU DE	EC 2004	PAGE 18,3	
MOP024	FEE-FOR-SERVICE/D	ENTAL						03/14/	05
YUBA COUNTY	SUMMARY OF SERVIC	ES FOR MN - S	OC - A	GED	AID CODE 17	1Y			
						MON	ITHLY AVERA	GE	
129 ELIGIBLES	USERS U	NITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	

		OR DAYS OF CARE			וחת	R UNIT/DAY	DED ELLO		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	8	OR DAIS OF CARE	\$	5,524.16	\$	502.20	.085		690.52		42.82
COMM HOSP INPATIENT TOTAL	5	0	٧	5,256.00	Y	.00	.000	Y	1051.20	Y	40.74
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	5	0		5,256.00		.00	.000		1051.20		40.74
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	3	11		268.16		24.38	.085		89.39		2.08
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	3	11		268.16		24.38	.085		89.39		2.08
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	Ś	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	24	708	\$	79,386.77	\$	112.13	5.488	\$	3307.78	Ś	615.40
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	24	708		79,386.77		112.13	5.488		3307.78		615.40
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0	·	.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	6	8	\$	3,489.42	\$	436.18	.062	\$	581.57	\$	27.05
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	6	8		3,489.42		436.18	.062		581.57		27.05
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	20	47	\$	1,385.98	\$	29.49	.364	\$	69.30	\$	10.74
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	1	1		198.93		198.93	.008		198.93		1.54
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	19	46		1,187.05		25.81	.357		62.48		9.20
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES	MONTH-OF-PAYMENT R	REPORT	r for jan 2	2004 THRU	DEC	2004	P.	AGE 18,356
MOP024	FEE-FOR-SERVICE	/DENTAL									03/14/05
YUBA COUNTY	SUMMARY OF SERV	ICES FOR MN - SC	C -	AGED	A						
							M				
129 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S			
		OR DAYS OF CARE				R UNIT/DAY					ELIGIBLE
@ALL OTHER PROVIDERS	18	49	\$	•				\$	105.63	\$	14.74
DURABLE MED. EQUIP.	1	1		79.50		79.50	.008		79.50		.62
BLOOD BANK	0	0		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	1	1	933.33	933.33	.008	933.33	7.24
MEDICAL TRANSPORTATION	1	12	44.81	3.73	.093	44.81	.35
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	1	12	44.81	3.73	.093	44.81	.35
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	6	74.06	12.34	.047	24.69	.57
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	2	108.61	54.31	.016	54.31	.84
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	11	27	661.01	24.48	.209	60.09	5.12
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	.00
@XOVER EXCLUDING STATE HOSP**	50	364	\$ 16,893.33	\$ 46.41	2.822	\$ 337.87	\$ 130.96

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,357
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YUBA COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27

					MON	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@PHYSICIANS SERVICES	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUIPAILENI SURGERI	U		U		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
DIALYSIS	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
PSYCHIATRY	0		0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0		Ō		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0		0		.00		.00	.000		.00		.00
@PHARMACY	0		0	\$	.00	Ś	.00	.000	\$	.00	Ś	.00
PRESCRIPTION DRUGS	0		0	Y	.00	Ÿ	.00	.000	Y	.00	Y	.00
SNF/ICF	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		.00
OUTPATIENTS	0											
MEDICAL SUPPLIES	•		0	ċ	.00	Ċ	.00	.000	Ċ	.00	ć	.00
@DENTIST	0		0	\$	.00	\$	.00	.000	\$	.00	Þ	.00
VISITS - DIAGNOSTIC	0		0		.00		.00	.000		.00		.00
ORAL SURGERY	0		0		.00		.00	.000		.00		.00
DRUGS	0		0		.00		.00	.000		.00		.00
ANESTHESIA	0		0		.00		.00	.000		.00		.00
PERIODONTICS	0		0		.00		.00	.000		.00		.00
ENDODONTICS	0		0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0		0		.00		.00	.000		.00		.00
PROSTHETICS	0		0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0		0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0		0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0		0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0		0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0		0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EX	-	RES	MONTH-OF-PAYMENT RE	PORT			DEC		P	AGE 18,358
MOP024	FEE-FOR-SERVICE		LLIVDIIOI			1 01(1	1010 01110 2	.001 111110		2001		03/14/05
YUBA COUNTY	SUMMARY OF SERV		MNI - SC	)C _	- BITND		AID CODE	27				03/14/03
TODA COUNTI	SOPPART OF SERV	ICES FOR	riiv 50		DHIND		AID CODE			HLY AVERAG	CF.	
00 ELIGIBLES	USERS	UNITS OF	CEDVICE	,	EXPENDITURES	7/175	RAGE COST					COST PER
00 ELIGIBLES	OSEKS		OF CARE		EXFENDITORES		UNIT/DAY		J '	USER		ELIGIBLE
CODEOMEEDICE	0	OK DAIS			0.0				<u>~</u>			
@OPTOMETRIST			0	\$	.00	\$	.00	.000	Þ	.00	Þ	.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0	<u> </u>	.00	<u>^</u>	.00	.000	<u>^</u>	.00	<u>^</u>	.00
@CHIROPRACTOR	U		0	\$	.00	\$	.00	.000	\$	.00	Ş	.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	. 0		0	\$	.00	\$	.00	.000	\$	.00		.00
FAMILY NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$	.00		.00
@TOTAL HOSPITAL	0		Ö	\$	.00	\$	.00	.000	\$	.00		.00
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
	•		•		• • • •		• 0 0	• 0 0 0		• • • •		• 0 0

OUTPATIENT SURGERY

0

0

.00

.00

.000

.00

.00

NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$		.00 \$	.00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
	MEDI-CAL SERVICES AND EX	KPENDITURES	MONTH-OF-PA	AYMENT REPOR	T FOR JAN 2	004 THRU DEC	2004	PAGE 18,359
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR	MN - SOC	- BLIND		AID CODE			
						MONTI	HLY AVERAG	E

					MON	INLI AVERAG	L
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MONT	H-OF-PAYMENT RE	EPORT	FOR JAN 2004	THRU	DEC 2	004	PA	GE 18,360
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR	MN - S	OC - BLI	IND		AID CODE 27					

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$	.00	\$ .00	.000 \$		\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,361 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

						MO	NTHLY AVERA	GE
191 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	277	3,217 \$	5	410,877.99	\$ 127.72	16.843	\$ 1483.31	\$ 2151.19
@PHYSICIANS SERVICES	96	704 \$	5	30,386.50	\$ 43.16	3.686	\$ 316.53	\$ 159.09
OUTPATIENT VISITS	16	22		868.50	39.48	.115	54.28	4.55
OFFICE VISITS	14	20		665.82	33.29	.105	47.56	3.49
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2		202.68	101.34	.010	101.34	1.06
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	17	134		6,678.58	49.84	.702	392.86	34.97
HOSPITAL VISITS	16	113		4,269.03	37.78	.592	266.81	22.35
CRITICAL CARE	3	21		2,409.55	114.74	.110	803.18	12.62
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	2		46.44	23.22	.010	46.44	.24

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	1	2		46.44		23.22	.010		46.44		.24
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	11	114		12,349.44		108.33			1122.68		64.66
PRINCIPAL SURGEON	10	29		9,580.69		330.37			958.07		50.16
ASSISTANT SURGEON	2	3		932.60		310.87	.016		466.30		4.88
ANESTHESIOLOGIST	4	82		1,836.15		22.39	.429		459.04		9.61
OUTPATIENT SURGERY	4	6		295.19		49.20	.031		73.80		1.55
PRINCIPAL SURGEON	4	6		295.19		49.20	.031		73.80		1.55
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0 1 3 28	2		113.20		56.60	. 010		113.20		.59
PATHOLOGY	3	62		2,786.09		44.94	.325		928.70		
RADIOLOGY	28	123		3,532.83		28.72	.644		126.17		18.50
PSYCHIATRY	0	0		.00		.00			.00		.00
IMMUNIZATION AND INJECTION	2	35		195.57		5.59	.183		97.79		1.02
OTHER SERVICES/ALL X-OVERS	61	204		3,520.66			1.068		57.72		18.43
@PHARMACY	162	999	Ś	182,559.55				Ś	1126.91	Ś	
PRESCRIPTION DRUGS	156	910		181,645.21		199.61	4.764		1164.39		951.02
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	156	910		181,645.21		199.61	4.764		1164.39		
	17	89		914.34		10.27	.466				4.79
@DENTIST	31	146	\$	2,898.00	\$	19.85	.764			\$	15.17
VISITS - DIAGNOSTIC	25	91		601.00		6.60	.476		24.04		3.15
ORAL SURGERY	5	6		130.00		21.67	.031		26.00		.68
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	1	1		.00		.00	.005				.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	7	28		873.00		31.18	.147		124.71		4.57
PROSTHETICS	2	2		30.00		15.00	.010		15.00		.16
DENTURES, STAYPLATES	8	18		1,264.00		70.22	.094		158.00		6.62
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES	MONTH-OF-PAYMENT R	EPOR'	r for Jan	2004 THRU	DEC	2004	P.	AGE 18,362
MOP024	FEE-FOR-SERVICE/DENTAL	1									03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FO	OR MN - S	oc -	DISABLED AID	CODE	S 65 67 61	W 6Y				
							M	ONT	HLY AVERA	GE	

						M	ON'	LHTA VEKY	ŒĔ	
191 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	1	4	\$ 100.56	\$	25.14	.021	\$	100.56	\$	.53
DIAGNOSTIC AND ANC. PROCED	1	1	47.45		47.45	.005		47.45		.25
EYE APPLIANCES	1	3	53.11		17.70	.016		53.11		.28
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	2	4	\$ 276.07	\$	69.02	.021	\$	138.04	\$	1.45
NURSE ANESTHESIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000		\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0 59 18 8	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	59	530	\$	.00 176,181.06	\$	332.42	2.775	\$ 2986.12	\$ 922.41
HOSP INPATIENT TOTAL	18	135				1235.65 1252.80	.707	9267.39	873.37
HSC HOSPITALS	8	76		95,213.00		1252.80	.398	11901.63	498.50
NON-HSC HOSPITAL TOTAL	6	59		68,131.39		1154.77	.309	11355.23	356.71
ACCOMMODATIONS	6	59		24,573.13		416.49	.309	4095.52	128.66
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	6	59		24,573.13		416.49	.309	4095.52	128.66
ANCILLARIES	6	0		43,558.26		.00	.000	7259.71	228.05
INPATIENT CROSSOVERS	4	0		3,468.60		.00		867.15	18.16
ALL OTHER INPATIENT	0	0		95,213.00 68,131.39 24,573.13 .00 .00 24,573.13 43,558.26 3,468.60 .00 9,368.07 1,916.90			.000	.00	.00
HOSP OUTPATIENT TOTAL	45	395		9,368.07		23.72	2.068		
MEDICAL	20	42		1,916.90		45.64	.220	95.85	10.04
SURGERY	3	3		91.49		45.64 30.50		30.50	49.05 10.04 .48
MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	17	110		1,117.63		10.16	.576	65.74	5.85
RADIOLOGY	15	26		2.523 67		97.06	.136	168.24	13.21
ROOM USE	15	21		749.67		35.70	.110	49.98	3.92
CROSSOVERS/ALL OTH OUTPTNT	24	193		2,968.71				123.70	15.54
@COUNTY HOSPITAL TOTAL	15 24 3 1 1 0 0 0 0 0 0 0 0 0	34	\$	41,940.68			.178	\$ 13980.23	\$ 219.58
CO HOSPITAL INPATIENT TOTAL	1	31		41,912.00		1352.00	.162	41912.00	219.43
HSC HOSPITALS	1	31		41,912.00		1352.00	.162		219.43
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00		.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	3		28.68		9.56	.016	14.34	.15
MEDICAL	0	0		.00		.00	.000	.00 14.34 .00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	3		28.68		9.56	.016	14.34	.15
#CALIF DEPT OF HEALTH SERV		EXPENDITU	RES	MONTH-OF-PAYMENT R	EPOR			DEC 2004	PAGE 18,363
MOP024	FEE-FOR-SERVICE/DENTAL								03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FO	R MN - SO	oc -	DISABLED AID	CODE	S 65 67 6W	6Y		
								ONTHLY AVERA	GE

					MON	IITLI AVERA	JE
USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
57	496	\$	134,240.38	\$ 270.65	2.597	2355.09	\$ 702.83
17	104		124,900.99	1200.97	.545	7347.12	653.93
7	45		53,301.00	1184.47	.236	7614.43	279.06
6	59		68,131.39	1154.77	.309	11355.23	356.71
6	59		24,573.13	416.49	.309	4095.52	128.66
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
6	59		24,573.13	416.49	.309	4095.52	128.66
6	0		43,558.26	.00	.000	7259.71	228.05
4	0		3,468.60	.00	.000	867.15	18.16
0	0		.00	.00	.000	.00	.00
		OR DAYS OF CARE 57 496 17 104 7 45 6 59 6 59 0 0 0	OR DAYS OF CARE  57	OR DAYS OF CARE  57	OR DAYS OF CARE  57	USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS OF CARE 57 496 \$ 134,240.38 \$ 270.65 2.597 \$ 17 104 124,900.99 1200.97 .545 7 45 53,301.00 1184.47 .236 6 59 68,131.39 1154.77 .309 6 59 24,573.13 416.49 .309 0 0 0 .00 .00 .000 0 0 0 .00 .00 .000 0 59 24,573.13 416.49 .309 6 59 24,573.13 416.49 .309 6 59 24,573.13 416.49 .309 6 0 3,468.60 .00 .000	OR DAYS OF CARE         PER UNIT/DAY         PER ELIG         USER           57         496         \$ 134,240.38         \$ 270.65         2.597         \$ 2355.09           17         104         124,900.99         1200.97         .545         7347.12           7         45         53,301.00         1184.47         .236         7614.43           6         59         68,131.39         1154.77         .309         11355.23           6         59         24,573.13         416.49         .309         4095.52           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           6         59         24,573.13         416.49         .309         4095.52           6         59         24,573.13         416.49         .309         4095.52           6         59         24,573.13         416.49         .309         4095.52           6         0         43,558.26         .00         .000         .7259.71           4         0         3,468.60         .00         .000         .000         .000

00104 H00D 0HDD3 HTD1H H0H34	4.4	200		0 220 20		00.00	0 0 5 0		010 06		40.00
COMM HOSP OUTPATIENT TOTAL	44	392		9,339.39			2.052		212.26		48.90
MEDICAL	20	42		1,916.90		45.64	.220		95.85		10.04
SURGERY	3 17	3		91.49		30.50	.016		30.50		.48
PATHOLOGY	<del>-</del> ·	110		1,117.63		10.16	.576		65.74		5.85
RADIOLOGY	15	26		2,523.67		97.06	.136		168.24		13.21
ROOM USE	15	21		749.67		35.70	.110		49.98		3.92
CROSSOVERS/ALL OTH OUTPTNT		190	_	2,940.03	_	15.47	.995	_	127.83	_	15.39
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	Ş	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	2	7	\$	1,568.35	\$	224.05	.037	\$	784.18	\$	8.21
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	2	7		1,568.35		224.05	.037		784.18		8.21
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	10	15	\$	6,875.04	\$	458.34	.079	\$	687.50	\$	35.99
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	10	15		6,875.04		458.34	.079		687.50		35.99
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	7	29	\$	281.17	\$	9.70	.152	\$	40.17	\$	1.47
PATHOLOGY	7	29		281.17		9.70	.152		40.17		1.47
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	26	54	\$	3,826.85	\$	70.87	.283	\$	147.19	\$	20.04
CLINIC	0	0		.00		.00	.000	·	.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	26	54		3,826.85		70.87	.283		147.19		20.04
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E		URES		EPORT			DEC		ΡŻ	AGE 18,364
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR	MN -	SOC -	DISABLED AID	CODES	S 65 67 6W 6Y					, , - 0

----- MONTHLY AVERAGE -----EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER 191 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 5,924.84 \$ 8.17 3.796 \$ 160.13 \$ 31.02 262.54 131.27 .010 131.27 1.37 37 725 \$ @ALL OTHER PROVIDERS 2 2 DURABLE MED. EQUIP. .00 .00 .00 .00 BLOOD BANK 0 HEARING AID DISPENSERS 0 0 .00 .00 .00 2,272.19 10.77 1.105 174.78 211 MEDICAL TRANSPORTATION 13 11.90 AMBULANCES/AIR TRANS 9 186 2,123.03 11.41 .974 235.89 7.14 .079
4.20 .052
.00 .000
.00 .000
.00 .000
124.76 .063
.00 .000
14.47 .021 2 15 107.13 53.57 OTHER TRANS .56 10 OTHER SERVICES 3 42.03 14.01 .22 .00 .00 ACUPUNCTURE 0 0 0 .00 ADULT DAY HEALTH CARE CTR .00 .00 .00 .00 GENETIC DISEASE TESTING 1,497.15 499.05 IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST 0 0 .00 .00 .00 4 57.88 57.88 OPTICIAN .021 .30 .00 .000 PHYSICAL THERAPIST .00 .00 .00

PORTABLE X-RAY	1	1	.30		.30	.005	.30	.00
PROSTHETIST/ORTHOTISTS	5	12	1,219.45	1	.01.62	.063	243.89	6.38
PROSTHETICS	5	12	1,219.45	1	01.62	.063	243.89	6.38
ORTHOTICS	0	0	.00		.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00		.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	3	141.69		47.23	.016	141.69	.74
HOSPICE SERVICES	0	0	.00		.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00		.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	13	480	473.64		.99	2.513	36.43	2.48
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$	.00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	73	438	\$ 16,142.68	\$	36.86	2.293	\$ 221.13	\$ 84.52

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,365 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

IODII OOONII	DOINTHILL OF DELL	VIOLD IOIC	1111	00	TIMITED THE CODE	010 010 07				
							MON	ITHLY AVERA	GE ·	
142 ELIGIBLES	USERS	UNITS OF	SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	(	COST PER
		OR DAYS	OF CAR	E		PER UNIT/DAY	PER ELIG	USER	]	ELIGIBLE
@TOTAL, ALL PROVIDERS	199		978	\$	99,505.69	\$ 101.74	6.887 \$	500.03	\$	700.74
@PHYSICIANS SERVICES	85		246	\$	14,222.59	\$ 57.82	1.732 \$	167.32	\$	100.16
OUTPATIENT VISITS	25		30		964.97	32.17	.211	38.60		6.80
OFFICE VISITS	22		27		720.19	26.67	.190	32.74		5.07
HOME VISITS	0		0		.00	.00	.000	.00		.00
EMERGENCY ROOM	3		3		244.78	81.59	.021	81.59		1.72
PREVENTIVE CARE	0		0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0		0		.00	.00	.000	.00		.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	8	23		963.67		41.90	.162		120.46		6.79
HOSPITAL VISITS	7	21		610.59		29.08	.148		87.23		4.30
CRITICAL CARE	1	1		299.00		299.00	.007		299.00		2.11
SNF/ICF/TRANS IP CARE	1	1		54.08		54.08	.007		54.08		.38
OPHTHALMOLOGICAL SERVICES	2	2		71.98		35.99	.014		35.99		.51
EXAMINATIONS	2	2		71.98		35.99	.014		35.99		.51
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	18	76		6,750.58		88.82	.535		375.03		47.54
PRINCIPAL SURGEON	13	18		4,814.21		267.46	.127		370.32		33.90
ASSISTANT SURGEON	3	4		675.92		168.98	.028		225.31		4.76
ANESTHESIOLOGIST	6	54		1,260.45		23.34	.380		210.08		8.88
OUTPATIENT SURGERY	9	12		2,016.50		168.04	.085		224.06		14.20
PRINCIPAL SURGEON	8	8		1,884.53		235.57	.056		235.57		13.27
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	4		131.97		32.99	.028		131.97		.93
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	1		32.58		32.58	.007		32.58		.23
RADIOLOGY	42	74		2,555.99		34.54	.521		60.86		18.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	1	1		7.65		7.65	.007		7.65		.05
OTHER SERVICES/ALL X-OVERS	17	27		858.67		31.80	.190		50.51		6.05
@PHARMACY	42	104	\$	12,920.34	\$	124.23	.732	\$	307.63	\$	90.99
PRESCRIPTION DRUGS	41	102		12,827.35		125.76	.718		312.86		90.33
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	41	102		12,827.35		125.76	.718		312.86		90.33
MEDICAL SUPPLIES	2	2		92.99		46.50	.014		46.50		.65
@DENTIST	17	82	\$	626.00	\$	7.63	.577	\$	36.82	\$	4.41
VISITS - DIAGNOSTIC	12	63		269.00		4.27	.444		22.42		1.89
ORAL SURGERY	4	5		.00		.00	.035		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	1	1		.00		.00	.007		.00		.00
RESTORATIVE DENTISTRY	5	10		357.00		35.70	.070		71.40		2.51
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	2	2		.00		.00	.014		.00		.00
ALL OTHER SERVICES	1	1		.00		.00	.007		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITU	RES M	IONTH-OF-PAYMENT RE	EPORT	FOR JAN	2004 THRU	DEC	2004	P	AGE 18,366
MOP024	FEE-FOR-SERVICE/DENT	AL									03/14/05

YUBA COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

----- MONTHLY AVERAGE -----142 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 4 \$ 55.56 \$ 13.89 .028 \$ 55.56 \$ .39 26.22 26.22 .007 26.22 .18 DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES 29.34 9.78 .021 29.34 .21 .00 OTHER OPTOMETRIC SERVICES 0 0 .00 .000 .00 .00 .00 \$ .00 .000 \$ .00 \$ .00 @CHIROPRACTOR .00 .000 .00 VISITS 0 0 .00 .00 0 OTHER SERVICES 0 .00 .00 .00 \$ @PODIATRIST .00 \$ .00 .000 \$ .00

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
NURSE MIDWIFE	0	0 \$	.00				
	•	·		•	.000 \$	.00	
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
FAMILY NURSE PRACTITIONER	2	4 \$	45.29	\$ 11.32	.028 \$	22.65	\$ .32
@TOTAL HOSPITAL	59	295 \$	62,710.43	\$ 212.58	2.077 \$	1062.89	\$ 441.62
HOSP INPATIENT TOTAL	11	29	55,943.20	1929.08	.204	5085.75	393.97
HSC HOSPITALS	2	6	4,384.50	730.75	.042	2192.25	30.88
NON-HSC HOSPITAL TOTAL	9	23	51 <b>,</b> 558.70	2241.68	.162	5728.74	363.09
ACCOMMODATIONS	9	23	11,232.47	488.37	.162	1248.05	79.10
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	9	23	11,232.47	488.37	.162	1248.05	79.10
ANCILLARIES	9	0	40,326.23	.00	.000	4480.69	283.99
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	51	266	6 <b>,</b> 767.23	25.44	1.873	132.69	47.66
MEDICAL	28	45	1,844.15	40.98	.317	65.86	12.99
SURGERY	7	8	479.53	59.94	.056	68.50	3.38
PATHOLOGY	26	92	892.38	9.70		34.32	6.28
	28				.648		
RADIOLOGY		34	1,674.07	49.24	.239	59.79	11.79
ROOM USE	32	38	1,275.28	33.56	.268	39.85	8.98
CROSSOVERS/ALL OTH OUTPTNT	25	49	601.82	12.28	.345	24.07	4.24
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	•
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MO					PAGE 18,367
MOP024	FEE-FOR-SERVICE		ONIH OF FAIMENT RE	IFORT FOR UAN 2	LOUG THEO DEC	, 2004	03/14/05
YUBA COUNTY		ICES FOR MN - SOC - 1	ENMITTES AID CODE	5D 6D 27			03/14/03
IOBA COUNTI	SUMMAKI OF SERV	ICES FOR MN - SOC - 1	FAMILIES AID CODE		MONT	תמשעות עדטי	CF
1/2 FITCIBIES	USERS	INTER OF SERVICE	EADENDILLIDES				
142 ELIGIBLES	CAICU	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
ACOMMINITAL HORDINAL HORAL	EO	OR DAYS OF CARE	62 710 42	PER UNIT/DAY		USER 1062.89	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	59	295 \$	62,710.43	\$ 212.58			•
COMM HOSP INPATIENT TOTAL	11	29	55,943.20	1929.08	.204	5085.75	393.97
HSC HOSPITALS	2	6	4,384.50	730.75	.042	2192.25	30.88
NON-HSC HOSPITALS TOTAL	9	23	51,558.70	2241.68	.162	5728.74	363.09
ACCOMMODATIONS	9	23	11,232.47	488.37	.162	1248.05	79.10

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	9	23		11,232.47		488.37	.162		1248.05		79.10
ANCILLARIES	9	0		40,326.23		.00	.000		4480.69		283.99
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	51	266		6,767.23		25.44	1.873		132.69		47.66
MEDICAL	28	45		1,844.15		40.98	.317		65.86		12.99
SURGERY	7	8		479.53		59.94	.056		68.50		3.38
PATHOLOGY	26	92		892.38		9.70	.648		34.32		6.28
RADIOLOGY	28	34		1,674.07		49.24	.239		59.79		11.79
ROOM USE	32	38		1,275.28		33.56	.268		39.85		8.98
CROSSOVERS/ALL OTH OUTPTNT	25	49		601.82		12.28	.345		24.07		4.24
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	1	7	\$	839.00	\$	119.86	.049	\$	839.00	\$	5.91
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1	7		839.00		119.86	.049		839.00		5.91
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	13	52	\$	1,157.28	\$	22.26	.366	\$	89.02	\$	8.15
PATHOLOGY	13	52		1,157.28		22.26	.366		89.02		8.15
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	28	42	\$	3,698.77	\$	88.07	.296	\$	132.10	\$	26.05
CLINIC	2	6		301.29	·	50.22	.042		150.65		2.12
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	26	36		3,397.48		94.37	.254		130.67		23.93
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES	•	EPOR	r for Jan	2004 THRU	DEC	2004	P	AGE 18,368
MOP024	FEE-FOR-SERVICE/DENTAL	_									03/14/05

YUBA COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

142 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 3,230.43 \$ 22.75 1.000 \$ 323.04 \$ 22.75 @ALL OTHER PROVIDERS 10 142 \$ .000 .000 .000 .000 .25.81 .824 .19.92 10.52 .817 .00 .00 .000 1,800.00 1800.00 .007 DURABLE MED. EQUIP. 0 0 .00 .00 .000 .00 .00 .00 0 .00 BLOOD BANK 0 0 .00 HEARING AID DISPENSERS .00 4 754.98 MEDICAL TRANSPORTATION 117 21.27 116 304.98 8.59 AMBULANCES/AIR TRANS OTHER TRANS 0 0 .00 .00 OTHER SERVICES 1 .007 1800.00 12.68 ACUPUNCTURE .00 .00

----- MONTHLY AVERAGE -----

ADULT DAY HEALTH CARE CTR	0	0	.00		.00	.000		.00	.00	
GENETIC DISEASE TESTING	0	0	.00		.00	.000		.00	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00		.00	.000		.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00		.00	.000		.00	.00	
OPTICIAN	1	2	26.08	13	3.04	.014	2	6.08	.18	
PHYSICAL THERAPIST	0	0	.00		.00	.000		.00	.00	
PORTABLE X-RAY	0	0	.00		.00	.000		.00	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00		.00	.000		.00	.00	
PROSTHETICS	0	0	.00		.00	.000		.00	.00	
ORTHOTICS	0	0	.00		.00	.000		.00	.00	
PSYCHOLOGIST	0	0	.00		.00	.000		.00	.00	
SPEECH AND AUDIOLOGY	0	0	.00		.00	.000		.00	.00	
HOSPICE SERVICES	0	0	.00		.00	.000		.00	.00	
NONINST BIRTHING CENTERS	0	0	.00		.00	.000		.00	.00	
LOCAL EDUCATION AGENCIES	5	23	184.43	8	3.02	.162	3	6.89	1.30	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000		.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000		.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000		.00	.00	
ALL OTHER PROVIDERS	0	0	.00		.00	.000		.00	.00	
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$	.00	.000	\$	.00	\$ .00	
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$	.00	.000	\$	.00	\$ .00	

03/14/05

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,369 MOP024 FEE-FOR-SERVICE/DENTAL

YUBA COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL

IODA COUNTI	SOMMAN OF SEN	VICES FOR PIN SOC .	IOIAL				~-
460					MON		
462 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		UNITS/DAYS	COST PER	COST PER
_		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	649	5,911 \$	663,202.98	\$ 112.20	12.794		\$ 1435.50
@PHYSICIANS SERVICES	213	1 <b>,</b> 271 \$	48,338.23	\$ 38.03	2.751		\$ 104.63
OUTPATIENT VISITS	43	54	1,849.68	34.25	.117	43.02	4.00
OFFICE VISITS	38	49	1,402.22	28.62	.106	36.90	3.04
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	5	5	447.46	89.49	.011	89.49	.97
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	25	157	7,642.25	48.68	.340	305.69	16.54
HOSPITAL VISITS	23	134	4,879.62	36.42	.290	212.16	10.56
CRITICAL CARE	4	22	2,708.55	123.12	.048	677.14	5.86
SNF/ICF/TRANS IP CARE	1	1	54.08	54.08	.002	54.08	.12
OPHTHALMOLOGICAL SERVICES	5	6	158.42	26.40	.013	31.68	.34
EXAMINATIONS	5	6	158.42	26.40	.013	31.68	.34
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	29	190	19,100.02	100.53	.411	658.62	41.34
PRINCIPAL SURGEON	23	47	14,394.90	306.27	.102	625.87	31.16
ASSISTANT SURGEON	5	7	1,608.52	229.79	.015	321.70	3.48
ANESTHESIOLOGIST	10	136	3,096.60	22.77	.294	309.66	6.70
OUTPATIENT SURGERY	13	18	2,311.69	128.43	.039	177.82	5.00
PRINCIPAL SURGEON	12	14	2,179.72	155.69	.030	181.64	4.72
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	4	131.97	32.99	.009	131.97	.29
DIALYSIS	1	2	113.20	56.60	.004	113.20	.25
PATHOLOGY	4	63	2,818.67	44.74	.136	704.67	6.10

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DADTOLOGY	70	197	6 000 00	20.01	400	86.98	10 10
RADIOLOGY	70	197	6,088.82	30.91	.426		13.18
PSYCHIATRY	0		.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	3	36	203.22	5.65	.078	67.74	.44
OTHER SERVICES/ALL X-OVERS	106	548	8,052.26	14.69	1.186	75.96	17.43
@PHARMACY	320	1,638 \$	251,222.62	\$ 153.37	3.545 \$		
PRESCRIPTION DRUGS	311	1,526	249,666.13	163.61	3.303	802.78	540.40
SNF/ICF	22	166	8,731.48	52.60	.359	396.89	18.90
OUTPATIENTS	290	1,360	240,934.65	177.16	2.944	830.81	521.50
MEDICAL SUPPLIES	27	112	1,556.49	13.90	.242	57.65	3.37
@DENTIST	54	253 \$	4,957.00	\$ 19.59	.548 \$		•
VISITS - DIAGNOSTIC	41	171	1,041.00	6.09	.370	25.39	2.25
ORAL SURGERY	9	11	130.00	11.82	.024	14.44	.28
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	.00	.00	.002	.00	.00
ENDODONTICS	1	1	.00	.00	.002	.00	.00
RESTORATIVE DENTISTRY	13	43	1,542.00	35.86	.093	118.62	3.34
PROSTHETICS	2	2	30.00	15.00	.004	15.00	.06
DENTURES, STAYPLATES	10	21	2,214.00	105.43	.045	221.40	4.79
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	2	2	.00	.00	.004	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.002	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU DE	C 2004	PAGE 18,370
MOP024	FEE-FOR-SERVICE	DENTAL					03/14/05
YUBA COUNTY	SUMMARY OF SERV	ICES FOR MN - SOC	- TOTAL				
					MON	THLY AVERA	GE
462 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	6	20 \$	382.90	\$ 19.15	.043 \$		_
DIAGNOSTIC AND ANC. PROCED	4	5	141.12	28.22	.011	35.28	.31
Differential time time. Indeed	1	9	111.12	20.22	• 0 1 1	33.20	• 5 ±

EYE APPLIANCES	5	15		241.78		16.12	.032		48.36		.52
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000		.00	Ś	.00
MEDICINE/INJECTIONS	0	0	7	.00	-	.00	.000	7	.00	-	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
	0	0									
RADIO./PATHOLOGY	<u> </u>	-		.00		.00	.000		.00		.00
OTHER	0	0		.00	_	.00	.000		.00	_	.00
@HOME HEALTH AGENCY	2	4	\$	276.07	\$	69.02	.009		138.04		.60
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$		\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	2	4	\$	45.29	\$	11.32	.009	\$	22.65	\$	.10
@TOTAL HOSPITAL	126	836	\$	244,415.65	\$	292.36	1.810	\$	1939.81	\$	529.04
HOSP INPATIENT TOTAL	34	164		228,012.19		1390.32	.355		6706.24		493.53
HSC HOSPITALS	10	82		99,597.50		1214.60	.177		9959.75		215.58
	15	82		119,690.09		1459.64	.177		7979.34		259.07
NON-HSC HOSPITAL TOTAL											
ACCOMMODATIONS	15	82		35,805.60		436.65	.177		2387.04		77.50
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	15	82		35,805.60		436.65	.177		2387.04		77.50
ANCILLARIES	15	0		83,884.49		.00	.000		5592.30		181.57
INPATIENT CROSSOVERS	9	0		8,724.60		.00	.000		969.40		18.88
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	99	672		16,403.46		24.41	1.455		165.69		35.51
MEDICAL	48	87		3,761.05		43.23	.188		78.36		8.14
SURGERY	10	11		571.02		51.91	.024		57.10		1.24
PATHOLOGY	43	202		2,010.01		9.95	.437		46.74		4.35
RADIOLOGY	43	60		4,197.74		69.96	.130		97.62		9.09
ROOM USE	47	59		2,024.95		34.32	.128		43.08		4.38
CROSSOVERS/ALL OTH OUTPTNT	52	253		3,838.69		15.17	.548		73.82		8.31
@COUNTY HOSPITAL TOTAL	3	34	\$	41,940.68	\$	1233.55	.074		13980.23	\$	90.78
CO HOSPITAL INPATIENT TOTAL	1	31		41,912.00		1352.00	.067	4	11912.00		90.72
HSC HOSPITALS	1	31		41,912.00		1352.00	.067	4	11912.00		90.72
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
	0	0									
ANCILLARIES	<u> </u>	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	2	3		28.68		9.56	.006		14.34		.06
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	Ö		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	2	3		28.68		9.56	.006		14.34		.06
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	-	IDEC N		FDOD					D7	AGE 18,371
	FEE-FOR-SERVICE/DENTAL	147E 111111111111	I CHAIL	MONTH OF FAIRENT R.	iii OR	T LOW OWN	7004 IUKO		2004	r F	
MOP024		NANT C	200	m \ m \ \ 1							03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR	MIN - 5	- JUC	IOIAL				MONTH!	II.Y AWERA	CE	
								VI( )   \	11.Y AV/ERA	( - H) -	

		OR DAYS OF CAR	FT.		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	124	802	\$	202,474.97	\$	252.46			1632.86		438.26
COMM HOSP INPATIENT TOTAL	33	133		186,100.19	·	1399.25	.288	•	5639.40	·	402.81
HSC HOSPITALS	9	51		57,685.50		1131.09	.110		6409.50		124.86
NON-HSC HOSPITALS TOTAL	15	82		119,690.09		1459.64	.177		7979.34		259.07
ACCOMMODATIONS	15	82		35,805.60		436.65	.177		2387.04		77.50
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	15	82		35,805.60		436.65	.177		2387.04		77.50
ANCILLARIES	15	0		83,884.49		.00	.000		5592.30		181.57
INPATIENT CROSSOVERS	9	0		8,724.60		.00	.000		969.40		18.88
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	98	669		16,374.78		24.48	1.448		167.09		35.44
MEDICAL	48	87		3,761.05		43.23	.188		78.36		8.14
SURGERY	10	11		571.02		51.91	.024		57.10		1.24
PATHOLOGY	43	202		2,010.01		9.95	.437		46.74		4.35
RADIOLOGY	43	60		4,197.74		69.96	.130		97.62		9.09
ROOM USE	47	59		2,024.95		34.32	.128		43.08		4.38
CROSSOVERS/ALL OTH OUTPINT	51	250		3,810.01		15.24	.541		74.71		8.25
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	27	722	\$	81,794.12	\$	113.29	1.563	\$	3029.41	\$	177.04
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	27	722		81,794.12		113.29	1.563		3029.41		177.04
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00	_	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	16	23	\$	10,364.46	\$	450.63	.050	Ş	647.78	Ş	22.43
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	16	23	<u>^</u>	10,364.46	<u> </u>	450.63	.050	<u>^</u>	647.78	<u>^</u>	22.43
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	20	0 81	ċ	.00	Ċ	.00	.000	ċ	.00	ċ	.00
@LABORATORY FACILITY	20	81	\$	1,438.45 1,438.45	\$	17.76 17.76	.175 .175	Ą	71.92 71.92	Ş	3.11 3.11
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC	74	143	\$	8,911.60	\$	62.32	.310	ċ		\$	19.29
CLINIC CLINIC	2	6	۲	301.29	Ų	50.22	.013	۲	150.45	۲	.65
SURGICENTER	1	1		198.93		198.93	.002		198.93		.43
HEROIN DETOX CLINIC	0	0		.00		.00	.002		.00		.00
RURAL HEALTH CLINIC	71	136		8,411.38							18.21
				MONTH-OF-PAYMENT RI							AGE 18,372
MOP024	FEE-FOR-SERVICE			MONTH OF TATMENT IN	LI OI	I FOR OAN 2	OMIT POO.	DEC	2004	1	03/14/05
YUBA COUNTY		ICES FOR MN - SO	nc –	тотат.							03/11/03
10211 000111	DOINING OF DERCY	TODO TOR THE D	00	101111			M	ОИТ	HLY AVERA	GE	
462 ELIGIBLES	USERS	UNITS OF SERVICE	Ε	EXPENDITURES	AVI						COST PER
		OR DAYS OF CAR				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	65	916		11,056.59			1.983				
DURABLE MED. EQUIP.	3	3	•	342.04		114.01	.006	•	114.01		.74
BLOOD BANK	0	0		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	1	1		933.33	933.33	.002	933.33	2.02
MEDICAL TRANSPORTATION	18	340		5,336.92	15.70	.736	296.50	11.55
AMBULANCES/AIR TRANS	13	302		3,342.95	11.07	.654	257.15	7.24
OTHER TRANS	3	27		151.94	5.63	.058	50.65	.33
OTHER SERVICES	4	11		1,842.03	167.46	.024	460.51	3.99
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	3	12		1,497.15	124.76	.026	499.05	3.24
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	5	12		158.02	13.17	.026	31.60	.34
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	1	1		.30	.30	.002	.30	.00
PROSTHETIST/ORTHOTISTS	5	12		1,219.45	101.62	.026	243.89	2.64
PROSTHETICS	5	12		1,219.45	101.62	.026	243.89	2.64
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	5		250.30	50.06	.011	83.43	.54
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5	23		184.43	8.02	.050	36.89	.40
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	24	507		1,134.65	2.24	1.097	47.28	2.46
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000	\$ .00	.00
@XOVER EXCLUDING STATE HOSP**	123	802	\$	33,036.01	\$ 41.19	1.736	\$ 268.59	\$ 71.51
A TOTAL THE THEOR TIMES AND CIVEN		TATEODMANHEOM	THEM ONE V					

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INDUD DITTI THE INCECED	IN THE INTRODUCTION DELINIE BIRDS INDOVE.	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 18,373
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED AID CODE 13	

SUMMARI OF SER	AICES LOW MIN - TONG IE	WM CAKE - AGED	AID CODE	13		
				MOI	NTHLY AVERA	GE
USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
1,461	89 <b>,</b> 226 \$	4,499,834.86	\$ 50.43	67.544	\$ 3079.97	\$ 3406.39
209	467 \$		\$ 13.75	.354	\$ 30.73	\$ 4.86
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
2	2	73.30	36.65	.002	36.65	.06
1	1	45.80	45.80	.001	45.80	.03
0	0	.00	.00	.000	.00	.00
1	1	27.50	27.50	.001	27.50	.02
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
	USERS 1,461	USERS UNITS OF SERVICE OR DAYS OF CARE 1,461 89,226 \$	OR DAYS OF CARE  1,461 89,226 \$ 4,499,834.86 209 467 \$ 6,422.67  0 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 2 2 2 2 73.30 1 1 2 45.80 0 0 .00 1 27.50 0 0 0 .00 0 0 0 .00 0 0 0 0 0 0 0 0 0 0	USERS UNITS OF SERVICE OR DAYS OF CARE  1,461 89,226 \$ 4,499,834.86 \$ 50.43 209 467 \$ 6,422.67 \$ 13.75 0 0 0 .00	USERS UNITS OF SERVICE OR DAYS OF CARE  1,461 89,226 \$ 4,499,834.86 \$ 50.43 67.544 209 467 \$ 6,422.67 \$ 13.75 .354 200	USERS UNITS OF SERVICE OR DAYS OF CARE  1,461 89,226 \$ 4,499,834.86 \$ 50.43 67.544 \$ 3079.97 209 467 \$ 6,422.67 \$ 13.75 .354 \$ 30.73 0 0 0 .00 .00 .00 .00 .00 0 0 0 .00 .00

OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	1	10		6.92		.69	.008		6.92		.01
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	206	455		6,342.45		13.94	.344		30.79		4.80
@PHARMACY	1,126	25 <b>,</b> 721	\$	· · · · · · · · · · · · · · · · · · ·	\$	22.11	19.471	\$		\$	430.56
PRESCRIPTION DRUGS	1,119	9,723		562,664.29		57.87	7.360		502.83		425.94
SNF/ICF	1,096	9,556		558,968.36		58.49	7.234		510.01		423.14
OUTPATIENTS	39	167		3,695.93		22.13	.126		94.77		2.80
MEDICAL SUPPLIES	54	15,998		6,101.03		.38	12.111		112.98		4.62
@DENTIST	51	125	\$	•	\$	72.14	.095	\$		\$	6.83
VISITS - DIAGNOSTIC	46	101		2,186.00		21.64	.076		47.52		1.65
ORAL SURGERY	3	5		211.00		42.20	.004		70.33		.16
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	1	1		200.00		200.00	.001		200.00		.15
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	11	18		6,420.00		356.67	.014		583.64		4.86
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0 0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	0 CES AND EXPENDITURI	ES MO	.00	EPOR'	.00	.000	DEC	.00	PZ	.00 AGE 18,374
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVION FEE-FOR-SERVICE	0 CES AND EXPENDITURI E/DENTAL		.00 NTH-OF-PAYMENT RE	EPOR'	.00 I FOR JAN	.000 2004 THRU	DEC	.00	P	.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVION FEE-FOR-SERVICE	0 CES AND EXPENDITURI		.00 NTH-OF-PAYMENT RE	EPOR!	.00	.000 2004 THRU		2004		.00 AGE 18,374 03/14/05
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SER	0 CES AND EXPENDITURI E/DENTAL VICES FOR MN - LOI	NG TE	.00 NTH-OF-PAYMENT RE RM CARE - AGED		.00 I FOR JAN : AID CODE	.000 2004 THRU 13	ONT	.00 2004 HLY AVERA	GE -	.00 AGE 18,374 03/14/05
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVION FEE-FOR-SERVICE	0 CES AND EXPENDITURI E/DENTAL VICES FOR MN - LOI UNITS OF SERVICE	NG TE	.00 NTH-OF-PAYMENT RE	AVI	.00 I FOR JAN AID CODE	.000 2004 THRU 13 M UNITS/DAY	IONT S	.00 2004 HLY AVERA COST PER	GE -	.00 AGE 18,374 03/14/05  COST PER
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  1,321 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS	0 CES AND EXPENDITURE E/DENTAL VICES FOR MN - LOI  UNITS OF SERVICE OR DAYS OF CARE	NG TE	.00 NTH-OF-PAYMENT RE RM CARE - AGED EXPENDITURES	AVI PEI	.00 I FOR JAN : AID CODE ERAGE COST R UNIT/DAY	.000 2004 THRU 13 M UNITS/DAY PER ELIG	IONT S	.00 2004 HLY AVERA COST PER USER	GE - (	.00 AGE 18,374 03/14/05 COST PER ELIGIBLE
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  1,321 ELIGIBLES @OPTOMETRIST	MEDI-CAL SERVIC FEE-FOR-SERVICI SUMMARY OF SERVICE USERS	0 CES AND EXPENDITURE E/DENTAL VICES FOR MN - LOI  UNITS OF SERVICE OR DAYS OF CARE 39	NG TE	.00 NTH-OF-PAYMENT RE RM CARE - AGED EXPENDITURES 643.51	AVI	.00 I FOR JAN AID CODE ERAGE COST R UNIT/DAY 16.50	.000 2004 THRU 13 M UNITS/DAY PER ELIG .030	IONT S	.00 2004 HLY AVERA COST PER USER 40.22	GE - (	.00 AGE 18,374 03/14/05  COST PER ELIGIBLE .49
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  1,321 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	MEDI-CAL SERVIC FEE-FOR-SERVICI SUMMARY OF SERVICE USERS 16 3	0 CES AND EXPENDITURE E/DENTAL VICES FOR MN - LOI  UNITS OF SERVICE OR DAYS OF CARE 39 4	NG TE	.00 NTH-OF-PAYMENT RE RM CARE - AGED EXPENDITURES 643.51 48.02	AVI PEI	.00 I FOR JAN AID CODE ERAGE COST R UNIT/DAY 16.50 12.01	.000 2004 THRU 13 M UNITS/DAY PER ELIG .030 .003	IONT S	.00 2004 HLY AVERA COST PER USER 40.22 16.01	GE - (	.00 AGE 18,374 03/14/05  COST PER ELIGIBLE .49 .04
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  1,321 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	MEDI-CAL SERVIC FEE-FOR-SERVICI SUMMARY OF SERVICE USERS 16 3 13	0 CES AND EXPENDITURE E/DENTAL VICES FOR MN - LOI  UNITS OF SERVICE OR DAYS OF CARE 39 4 35	NG TE	.00 NTH-OF-PAYMENT RE RM CARE - AGED EXPENDITURES 643.51 48.02 595.49	AVI PEI	.00 I FOR JAN AID CODE ERAGE COST R UNIT/DAY 16.50 12.01 17.01	.000 2004 THRU 13 M UNITS/DAY PER ELIG .030 .003 .026	IONT S	.00 2004 HLY AVERA COST PER USER 40.22 16.01 45.81	GE - (	.00 AGE 18,374 03/14/05 COST PER ELIGIBLE .49 .04 .45
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  1,321 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	MEDI-CAL SERVIC FEE-FOR-SERVICI SUMMARY OF SERVICE USERS 16 3 13 0	0 CES AND EXPENDITURE E/DENTAL VICES FOR MN - LOI  UNITS OF SERVICE OR DAYS OF CARE 39 4 35 0	NG TE	.00 NTH-OF-PAYMENT RE RM CARE - AGED EXPENDITURES 643.51 48.02 595.49 .00	AVI PEI \$	.00 I FOR JAN AID CODE ERAGE COST R UNIT/DAY 16.50 12.01 17.01 .00	.000 2004 THRU 13 M UNITS/DAY PER ELIG .030 .003 .026 .000	IONT S \$	.00 2004 HLY AVERA COST PER USER 40.22 16.01 45.81	GE - ( I \$	.00 AGE 18,374 03/14/05 COST PER ELIGIBLE .49 .04 .45 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  1,321 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	MEDI-CAL SERVIC FEE-FOR-SERVICI SUMMARY OF SERVICE USERS 16 3 13 0	0 CES AND EXPENDITURE E/DENTAL VICES FOR MN - LOI  UNITS OF SERVICE OR DAYS OF CARE 39 4 35 0 0	NG TE	.00 NTH-OF-PAYMENT RE RM CARE - AGED EXPENDITURES 643.51 48.02 595.49 .00 .00	AVI PEI	.00 I FOR JAN AID CODE ERAGE COST R UNIT/DAY 16.50 12.01 17.01 .00 .00	.000 2004 THRU 13 M UNITS/DAY PER ELIG .030 .003 .026 .000 .000	IONT S \$	.00 2004 HLY AVERA COST PER USER 40.22 16.01 45.81 .00	GE - ( I \$	.00 AGE 18,374 03/14/05 COST PER ELIGIBLE .49 .04 .45 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  1,321 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	MEDI-CAL SERVIC FEE-FOR-SERVICI SUMMARY OF SERVICE USERS 16 3 13 0 0	0 CES AND EXPENDITURE E/DENTAL VICES FOR MN - LOI  UNITS OF SERVICE OR DAYS OF CARE 39 4 35 0 0 0	NG TE	.00  NTH-OF-PAYMENT RE  RM CARE - AGED  EXPENDITURES  643.51 48.02 595.49 .00 .00 .00	AVI PEI \$	.00 I FOR JAN AID CODE ERAGE COST R UNIT/DAY 16.50 12.01 17.01 .00 .00 .00	.000 2004 THRU 13 M UNITS/DAY PER ELIG .030 .003 .026 .000 .000	IONT S \$	.00 2004 HLY AVERA COST PER USER 40.22 16.01 45.81 .00 .00	GE - ( I \$	.00 AGE 18,374 03/14/05 COST PER ELIGIBLE .49 .04 .45 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  1,321 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	MEDI-CAL SERVIC FEE-FOR-SERVICI SUMMARY OF SERVICE USERS 16 3 13 0 0 0	O CES AND EXPENDITURE E/DENTAL VICES FOR MN - LOI  UNITS OF SERVICE OR DAYS OF CARE 39 4 35 0 0 0	NG TE \$ \$	.00  NTH-OF-PAYMENT RE  RM CARE - AGED  EXPENDITURES  643.51 48.02 595.49 .00 .00 .00 .00 .00	AVI PEI \$	.00 I FOR JAN AID CODE ERAGE COST R UNIT/DAY 16.50 12.01 17.01 .00 .00 .00 .00	.000 2004 THRU 13 M UNITS/DAY PER ELIG .030 .003 .026 .000 .000	IONT S \$ \$ \$	.00 2004 HLY AVERA COST PER USER 40.22 16.01 45.81 .00 .00 .00	GE - ( ; \$	.00 AGE 18,374 03/14/05 COST PER ELIGIBLE .49 .04 .45 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  1,321 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  16 3 13 0 0 0 0 51	OCES AND EXPENDITURIE/DENTAL VICES FOR MN - LOI  UNITS OF SERVICE OR DAYS OF CARE 39 4 35 0 0 0 0 0	NG TE	.00 NTH-OF-PAYMENT RE RM CARE - AGED EXPENDITURES  643.51 48.02 595.49 .00 .00 .00 .00 .00 325.49	AVI PEI \$	.00 I FOR JAN AID CODE ERAGE COST R UNIT/DAY 16.50 12.01 17.01 .00 .00 .00 .00 .5.34	.000 2004 THRU 13 M UNITS/DAY PER ELIG .030 .003 .026 .000 .000 .000	IONT S \$ \$ \$	.00 2004 HLY AVERA COST PER USER 40.22 16.01 45.81 .00 .00 .00	GE - ( ; \$	.00 AGE 18,374 03/14/05 COST PER ELIGIBLE .49 .04 .45 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  1,321 ELIGIBLES  GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  16 3 13 0 0 0 0 51 0	OCES AND EXPENDITURIE/DENTAL VICES FOR MN - LOI  UNITS OF SERVICE OR DAYS OF CARE 39 4 35 0 0 0 0 61	NG TE \$ \$	.00 NTH-OF-PAYMENT RE RM CARE - AGED EXPENDITURES  643.51 48.02 595.49 .00 .00 .00 .00 .00 .325.49 .00	AVI PEI \$	.00 I FOR JAN AID CODE ERAGE COST R UNIT/DAY 16.50 12.01 17.01 .00 .00 .00 .00 .00 .00 .00	.000 2004 THRU  13 M UNITS/DAY PER ELIG .030 .003 .026 .000 .000 .000 .000 .000 .046 .000	IONT S \$ \$ \$	.00 2004 HLY AVERA COST PER USER 40.22 16.01 45.81 .00 .00 .00 .00	GE - ( ; \$	.00 AGE 18,374 03/14/05 COST PER ELIGIBLE .49 .04 .45 .00 .00 .00 .00 .25 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  1,321 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  16 3 13 0 0 0 0 51 0 0	OCES AND EXPENDITURING AND EXPENDITURING AND EXPENDITURING AND ASSERVICE OR DAYS OF CARE  OR DAYS OF CARE  39 4 35 0 0 0 0 61 0 0	NG TE \$ \$	.00 NTH-OF-PAYMENT RE RM CARE - AGED EXPENDITURES  643.51 48.02 595.49 .00 .00 .00 .00 325.49 .00 .00 .00 .00 .00	AVI PEI \$	.00 I FOR JAN AID CODE ERAGE COST R UNIT/DAY 16.50 12.01 17.01 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2004 THRU  13 M UNITS/DAY PER ELIG .030 .003 .026 .000 .000 .000 .000 .000 .046 .000 .000	IONT S \$ \$ \$	.00 2004 HLY AVERA COST PER USER 40.22 16.01 45.81 .00 .00 .00 .00	GE - ( ; \$	.00 AGE 18,374 03/14/05 COST PER ELIGIBLE .49 .04 .45 .00 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  1,321 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  16 3 13 0 0 0 0 51 0 0 0 0	OCES AND EXPENDITURING AND EXPENDITURING AND EXPENDITURING AND	NG TE \$ \$	.00 NTH-OF-PAYMENT RE RM CARE - AGED EXPENDITURES  643.51 48.02 595.49 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVI PEI \$	.00 I FOR JAN AID CODE ERAGE COST R UNIT/DAY 16.50 12.01 17.01 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2004 THRU  13 M UNITS/DAY PER ELIG .030 .003 .026 .000 .000 .000 .000 .000 .046 .000 .000	IONT S \$ \$ \$	.00 2004 HLY AVERA COST PER USER 40.22 16.01 45.81 .00 .00 .00 .00	GE - ( ; \$	.00 AGE 18,374 03/14/05 COST PER ELIGIBLE .49 .04 .45 .00 .00 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  1,321 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  16 3 13 0 0 0 0 51 0 0 51	OCES AND EXPENDITURING AND EXPENDITURING AND EXPENDITURING AND	NG TE \$ \$	.00 NTH-OF-PAYMENT RE RM CARE - AGED  EXPENDITURES  643.51 48.02 595.49 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVI PEI \$	.00 I FOR JAN AID CODE ERAGE COST R UNIT/DAY 16.50 12.01 17.01 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2004 THRU  13 M UNITS/DAY PER ELIG .030 .003 .026 .000 .000 .000 .000 .046 .000 .000 .00	CONT	.00 2004 HLY AVERA COST PER USER 40.22 16.01 45.81 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE - ( )	.00 AGE 18,374 03/14/05
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  1,321 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  16 3 13 0 0 0 0 51 0 0 51 0	OCES AND EXPENDITURING AND EXPENDITURING AND EXPENDITURING AND	NG TE	.00 NTH-OF-PAYMENT RE RM CARE - AGED  EXPENDITURES  643.51 48.02 595.49 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVI PEI \$	.00 I FOR JAN AID CODE ERAGE COST R UNIT/DAY 16.50 12.01 17.01 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2004 THRU  13 M UNITS/DAY PER ELIG .030 .003 .026 .000 .000 .000 .000 .000 .000 .000	IONT S ; \$ \$	.00 2004 HLY AVERA COST PER USER 40.22 16.01 45.81 .00 .00 .00 .00 .00 .00 .00 .00 .00	GE - ( )	.00 AGE 18,374 03/14/05
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  1,321 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  16 3 13 0 0 0 0 0 0 0 51 0 0 51 0 1	OCES AND EXPENDITURING AND EXPENDITURING AND EXPENDITURING AND	NG TE	.00 NTH-OF-PAYMENT RE RM CARE - AGED  EXPENDITURES  643.51 48.02 595.49 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVI PEI \$	.00 I FOR JAN AID CODE ERAGE COST R UNIT/DAY 16.50 12.01 17.01 .00 .00 .00 .00 .00 .00 5.34 .00 .00 5.34 .00 .00 3.17	.000 2004 THRU  13 M UNITS/DAY PER ELIG .030 .003 .026 .000 .000 .000 .000 .000 .000 .000	ONTS;	.00 2004 HLY AVERA COST PER USER 40.22 16.01 45.81 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - ( ) I	.00 AGE 18,374 03/14/05 COST PER ELIGIBLE .49 .04 .45 .00 .00 .00 .00 .25 .00 .00 .25 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  1,321 ELIGIBLES  GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER GHOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  16 3 13 0 0 0 0 0 0 0 51 0 0 51 0 1 0 1	OCES AND EXPENDITURING E/DENTAL VICES FOR MN - LOI  UNITS OF SERVICE OR DAYS OF CARE 39 4 35 0 0 0 61 0 0 61 0 7	NG TE	.00 NTH-OF-PAYMENT RE RM CARE - AGED  EXPENDITURES  643.51 48.02 595.49 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVI PEI \$	.00 I FOR JAN AID CODE ERAGE COST R UNIT/DAY 16.50 12.01 17.01 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2004 THRU  13 M UNITS/DAY PER ELIG .030 .003 .026 .000 .000 .000 .000 .000 .000 .000	ONTS; \$ \$ \$ \$	.00 2004 HLY AVERA COST PER USER 40.22 16.01 45.81 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - ( I	.00 AGE 18,374 03/14/05 COST PER ELIGIBLE .49 .04 .45 .00 .00 .00 .00 .25 .00 .00 .00 .00 .25 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  1,321 ELIGIBLES  @OPTOMETRIST     DIAGNOSTIC AND ANC. PROCED     EYE APPLIANCES     OTHER OPTOMETRIC SERVICES @CHIROPRACTOR     VISITS     OTHER SERVICES @PODIATRIST     MEDICINE/INJECTIONS     SURGERY/ANES.     RADIO./PATHOLOGY     OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  16 3 13 0 0 0 0 51 0 0 51 0 1 0 1 0 0 1	OCES AND EXPENDITURING E/DENTAL VICES FOR MN - LOI  UNITS OF SERVICE OR DAYS OF CARE  39 4 35 0 0 0 61 0 0 61 0 7 0 0 7	NG TE	.00 NTH-OF-PAYMENT RE RM CARE - AGED  EXPENDITURES  643.51 48.02 595.49 .00 .00 .00 .00 .00 .325.49 .00 .00 .00 .325.49 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVI PEI \$	.00 I FOR JAN AID CODE ERAGE COST R UNIT/DAY 16.50 12.01 17.01 .00 .00 .00 .00 .00 5.34 .00 .00 5.34 .00 3.17 .00 .00	.000 2004 THRU  13 M UNITS/DAY PER ELIG .030 .003 .026 .000 .000 .000 .000 .046 .000 .000 .046 .000 .000	ONT S S S S S S S S S S S S S S S S S S S	.00 2004 HLY AVERA COST PER USER 40.22 16.01 45.81 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE G	.00 AGE 18,374 03/14/05 COST PER ELIGIBLE .49 .04 .45 .00 .00 .00 .00 .00 .25 .00 .00 .25 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  1,321 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  16 3 13 0 0 0 0 51 0 0 51 0 1 0 0 1 0 0 0 0 0 0	OCES AND EXPENDITURE E/DENTAL VICES FOR MN - LOI  UNITS OF SERVICE OR DAYS OF CARE 39 4 35 0 0 0 61 0 0 61 0 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	NG TE	.00 NTH-OF-PAYMENT RE RM CARE - AGED  EXPENDITURES  643.51 48.02 595.49 .00 .00 .00 .00 .00 .00 .00 .25.49 .00 .00 .22.17 .00 .00 .00 .00 .00	AVI PEI \$	.00 I FOR JAN AID CODE ERAGE COST R UNIT/DAY 16.50 12.01 17.01 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2004 THRU  13 M UNITS/DAY PER ELIG .030 .003 .026 .000 .000 .000 .000 .046 .000 .000 .00	ONT S S S S S S S S S S S S S S S S S S S	.00 2004 HLY AVERA COST PER USER 40.22 16.01 45.81 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE S S S S SSSSSS	.00 AGE 18,374 03/14/05 COST PER ELIGIBLE .49 .04 .45 .00 .00 .00 .00 .25 .00 .00 .00 .25 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  1,321 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE SUMMARY OF SERVICE USERS  16 3 13 0 0 0 0 51 0 0 51 0 1 0 0 51 0 0 61	OCES AND EXPENDITURE E/DENTAL VICES FOR MN - LOI  UNITS OF SERVICE OR DAYS OF CARE 39 4 35 0 0 0 61 0 0 61 0 7 0 0 117	NG TE	.00 NTH-OF-PAYMENT RE RM CARE - AGED EXPENDITURES  643.51 48.02 595.49 .00 .00 .00 .00 .00 .00 .25.49 .00 .00 .22.17 .00 .00 .00 .34,867.36	AVI PEI \$ \$	.00 I FOR JAN: AID CODE ERAGE COST R UNIT/DAY 16.50 12.01 17.01 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2004 THRU  13	ONT S S S S S S S S S S S S S S S S S S S	.00 2004 HLY AVERA COST PER USER 40.22 16.01 45.81 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE G	.00 AGE 18,374 03/14/05 COST PER ELIGIBLE .49 .04 .45 .00 .00 .00 .00 .25 .00 .00 .00 .00 .25 .00 .00 .00 .25 .00 .00 .25
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 YUBA COUNTY  1,321 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  16 3 13 0 0 0 0 51 0 0 51 0 1 0 0 1 0 0 0 0 0 0	OCES AND EXPENDITURE E/DENTAL VICES FOR MN - LOI  UNITS OF SERVICE OR DAYS OF CARE 39 4 35 0 0 0 61 0 0 61 0 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	NG TE	.00 NTH-OF-PAYMENT RE RM CARE - AGED  EXPENDITURES  643.51 48.02 595.49 .00 .00 .00 .00 .00 .00 .00 .25.49 .00 .00 .22.17 .00 .00 .00 .00 .00	AVI PEI \$ \$	.00 I FOR JAN AID CODE ERAGE COST R UNIT/DAY 16.50 12.01 17.01 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2004 THRU  13 M UNITS/DAY PER ELIG .030 .003 .026 .000 .000 .000 .000 .046 .000 .000 .00	ONT S S S S S S S S S S S S S S S S S S S	.00 2004 HLY AVERA COST PER USER 40.22 16.01 45.81 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE S S S S SSSSSS	.00 AGE 18,374 03/14/05 COST PER ELIGIBLE .49 .04 .45 .00 .00 .00 .00 .25 .00 .00 .00 .25 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0

NON-HSC HOSPITAL TOTAL	1	3	3,953.21	1317.74	.002	3953.21	2.99
ACCOMMODATIONS	1	3	1,243.22	414.41	.002	1243.22	.94
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	3	1,243.22	414.41	.002	1243.22	.94
ANCILLARIES	1	0	2,709.99	.00	.000	2709.99	2.05
INPATIENT CROSSOVERS	36	0	28,172.57	.00	.000	782.57	21.33
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	28	114	2,741.58	24.05	.086	97.91	2.08
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	8	84.45	10.56	.006	21.11	.06
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	24	106	2,657.13	25.07	.080	110.71	2.01
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL

YURA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED AID CODE 13

YUBA COUNTY	SUMMARY OF SERVICES	FOR MN - LON	NG TE	RM CARE - AGED		AID CODE	13				
							M	ONT	HLY AVERA	GE	
1,321 ELIGIBLES	USERS UNI	TS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY		COST PER	_	COST PER
1,021 221012220		DAYS OF CARE					PER ELIG	_	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	61	117	Ś	34,867.36			.089		571.60	Ś	26.39
COMM HOSP INPATIENT TOTAL	37	3	Y	32,125.78		0708.59	.002	Y	868.26	Y	24.32
HSC HOSPITALS	0	0		,							
				.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	1	3		3,953.21		1317.74	.002		3953.21		2.99
ACCOMMODATIONS	1	3		1,243.22		414.41	.002		1243.22		.94
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	3		1,243.22		414.41	.002		1243.22		.94
ANCILLARIES	1	0		2,709.99	)	.00	.000		2709.99		2.05
INPATIENT CROSSOVERS	36	0		28,172.57	7	.00	.000		782.57		21.33
ALL OTHER INPATIENT	0	0		.00	)	.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	28	114		2,741.58	}	24.05	.086		97.91		2.08
MEDICAL	0	0		.00	)	.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	4	8		84.45		10.56	.006		21.11		.06
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	24	106		2,657.13		25.07	.080		110.71		2.01
@STATE HOSPITAL	2 1	233	S	139,197.74		597.42	.176	Ċ		Ś	105.37
MENTALLY ILL	8	233	Y	139,197.74		597.42	.176		17399.72	Y	105.37
DEVELOP. DISABLED	•	233		•		.00	.000		.00		.00
	1 1 5 1	-	Ċ	.00				Ċ		ċ	
@NURSING FACILITY	0 1,151 0	33,792	Ą	3,561,924.50		105.41	25.581	\$		\$	2696.38
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	4	122		13,276.04		108.82	.092		3319.01		10.05
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1,147	33 <b>,</b> 670		3,548,648.46		105.39	25.488		3093.85		2686.33
@INTERMEDIATE CARE FACILDD	0 1,147 0	0	\$	.00		.00	.000	\$		\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00	)	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	46	66	\$	29,352.87	7 \$	444.74	.050	\$	638.11	\$	22.22
HOSPITAL BASED	0	0		.00	)	.00	.000		.00		.00
HEMODIALYSIS CENTER	46	66		29,352.87	7	444.74	.050		638.11		22.22
@REHABILITATION FACILITY	0	0	\$	.00	) \$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00	)	.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00		.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	34	108	Ś	2,821.08		26.12	.082	\$		\$	2.14
CLINIC CLINIC	0	0	т	.00		.00	.000	~	.00	~	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
	34	108				26.12			82.97		2.14
RURAL HEALTH CLINIC			ZO MO	2,821.08			.082	חשת		-	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		ro MOI	NIU-OL-BUIMENI	KEPUKT	FUR JAN	ZUU4 THKU	NF(	2004	F	PAGE 18,376
MOP024	FEE-FOR-SERVICE/DEN			DM CADE 3.000		3 TD 005-	1.0				03/14/05
YUBA COUNTY	SUMMARY OF SERVICES	FOR MN - LON	NG TEI	KM CARE - AGED		AID CODE	13				

1,321 ELIGIBLES
QALL OTHER PROVIDERS         242         28,490         \$ 146,475.15         \$ 5.14         21.567         \$ 605.27         \$ 110.88           DURABLE MED. EQUIP.         14         44         10,190.84         231.61         .033         727.92         7.71           BLOOD BANK         0         0         .00         .00         .00         .00         .00           HEARING AID DISPENSERS         1         1         1,414.13         1414.13         .001         1414.13         1.07           MEDICAL TRANSPORTATION         98         11,336         46,561.91         4.11         8.581         475.12         35.25           AMBULANCES/SAIR TRANS         3         40         470.20         11.76         .030         156.73         .36           OTHER TRANS         82         11,220         45,800.99         4.08         8.494         558.55         34.67           OTHER SERVICES         17         76         290.72         3.83         .058         17.10         .22           ACUPUNCTURE         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00
## QALL OTHER PROVIDERS   242   28,490   \$   146,475.15   \$   5.14   21.567   \$   605.27   \$   110.88
BLOOD BANK   0   0   0   0.00   0.00   0.00   0.00   0.00     HEARING AID DISPENSERS   1   1   1,414.13   1414.13   1.001   1414.13   1.070     MEDICAL TRANSPORTATION   98   11,336   46,561.91   4.111   8.581   475.12   35.255     AMBULANCES/AIR TRANS   3   40   470.20   11.76   0.30   156.73   3.60     OTHER TRANS   82   11,220   45,800.99   4.08   8.494   558.55   34.67     OTHER SERVICES   17   76   290.72   3.83   0.58   17.10   0.22     ACUPUNCTURE   0   0   0   0.00   0.00   0.00   0.00     ADULT DAY HEALTH CARE CTR   0   0   0   0.00   0.00   0.00   0.00     GENETIC DISEASE TESTING   0   0   0.00   0.00   0.00   0.00     GENETIC DISEASE TESTING   0   0   0.00   0.00   0.00   0.00     OCCUPATIONAL THERAPIST   0   0   0   0.00   0.00   0.00   0.00     OPTICIAN   10   22   267.05   12.14   0.17   26.71   2.20     PHYSICAL THERAPIST   0   0   0   0.00   0.00   0.00   0.00     PORTABLE X-RAY   32   48   28.32   5.9   0.36   8.9   0.22     PROSTHETICS   0   0   0   0.00   0.00   0.00   0.00     PROSTHETICS   0   0   0   0.00   0.00   0.00   0.00     PROSTHETIST/ORTHOTISTS   0   0   0   0.00   0.00   0.00     ORTHOTICS   0   0   0   0.00   0.00   0.00   0.00     PSYCHOLOGIST   0   0   0   0.00   0.00   0.00   0.00     SPEECH AND AUDIOLOGY   19   47   2,894.12   61.58   0.36   152.32   2.19     HOSPICE SERVICES   32   695   78,836.01   113.43   5.26   2463.63   59.68
HEARING AID DISPENSERS   1
MEDICAL TRANSPORTATION         98         11,336         46,561.91         4.11         8.581         475.12         35.25           AMBULANCES/AIR TRANS         3         40         470.20         11.76         .030         156.73         .36           OTHER TRANS         82         11,220         45,800.99         4.08         8.494         558.55         34.67           OTHER SERVICES         17         76         290.72         3.83         .058         17.10         .22           ACUPUNCTURE         0         0         0         .00 <th< td=""></th<>
AMBULANCES/AIR TRANS 3 40 470.20 11.76 .030 156.73 .36 OTHER TRANS 82 11,220 45,800.99 4.08 8.494 558.55 34.67 OTHER SERVICES 17 76 290.72 3.83 .058 17.10 .22 ACUPUNCTURE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00
OTHER TRANS 82 11,220 45,800.99 4.08 8.494 558.55 34.67 OTHER SERVICES 17 76 290.72 3.83 .058 17.10 .22 ACUPUNCTURE 0 0 0 0 .00 .00 .00 .00 .00 .00 ADULT DAY HEALTH CARE CTR 0 0 0 .00 .00 .00 .00 .00 .00 GENETIC DISEASE TESTING 0 0 0 .00 .00 .00 .00 .00 .00 IHMC,MODEL-NF,NF,AIDS,MSSP 0 0 0 .00 .00 .00 .00 .00 .00 OCCUPATIONAL THERAPIST 0 0 0 0 .00 .00 .00 .00 .00 OPTICIAN 10 22 267.05 12.14 .017 26.71 .20 PHYSICAL THERAPIST 0 0 0 .00 .00 .00 .00 .00 .00 PORTABLE X-RAY 32 48 28.32 .59 .036 .89 .02 PROSTHETIST/ORTHOTISTS 0 0 0 .00 .00 .00 .00 .00 PROSTHETICS 0 0 0 0 .00 .00 .00 .00 .00 ORTHOTICS 0 0 0 .00 .00 .00 .00 .00 .00 PSYCHOLOGIST 0 0 0 .00 .00 .00 .00 .00 SPEECH AND AUDIOLOGY 19 47 2,894.12 61.58 .036 152.32 2.19 HOSPICE SERVICES 32 695 78,836.01 113.43 .526 2463.63 59.68
OTHER SERVICES         17         76         290.72         3.83         .058         17.10         .22           ACUPUNCTURE         0         0         0         .00         .00         .00         .00         .00           ADULT DAY HEALTH CARE CTR         0         0         .00         .00         .00         .00         .00         .00           GENETIC DISEASE TESTING         0         0         .00         .00         .00         .00         .00         .00           IHMC, MODEL-NF, NF, AIDS, MSSP         0         0         .00         .00         .00         .00         .00         .00         .00           OCCUPATIONAL THERAPIST         0         0         .00
ACUPUNCTURE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
ADULT DAY HEALTH CARE CTR 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00
GENETIC DISEASE TESTING 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00
IHMC,MODEL-NF,NF,AIDS,MSSP         0         0         .00
OCCUPATIONAL THERAPIST         0         0         .00         .00         .00         .00         .00           OPTICIAN         10         22         267.05         12.14         .017         26.71         .20           PHYSICAL THERAPIST         0         0         .00         .00         .00         .00         .00           PORTABLE X-RAY         32         48         28.32         .59         .036         .89         .02           PROSTHETIST/ORTHOTISTS         0         0         .00         .00         .00         .00         .00         .00           PROSTHETICS         0         0         .00         .00         .00         .00         .00         .00           ORTHOTICS         0         0         .00         .00         .00         .00         .00         .00           PSYCHOLOGIST         0         0         .00         .00         .00         .00         .00         .00         .00           SPEECH AND AUDIOLOGY         19         47         2,894.12         61.58         .036         152.32         2.19           HOSPICE SERVICES         32         695         78,836.01         113.43         .526
OPTICIAN         10         22         267.05         12.14         .017         26.71         .20           PHYSICAL THERAPIST         0         0         .00         .00         .00         .00         .00           PORTABLE X-RAY         32         48         28.32         .59         .036         .89         .02           PROSTHETIST/ORTHOTISTS         0         0         .00         .00         .00         .00         .00         .00           PROSTHETICS         0         0         .00<
PHYSICAL THERAPIST         0         0         .00         .00         .00         .00         .00         .00           PORTABLE X-RAY         32         48         28.32         .59         .036         .89         .02           PROSTHETIST/ORTHOTISTS         0         0         .00
PORTABLE X-RAY 32 48 28.32 .59 .036 .89 .02 PROSTHETIST/ORTHOTISTS 0 0 0 .00 .00 .00 .00 .00 PROSTHETICS 0 0 0 .00 .00 .00 .00 .00 .00 ORTHOTICS 0 0 0 .00 .00 .00 .00 .00 .00 PSYCHOLOGIST 0 0 0 .00 .00 .00 .00 .00 SPEECH AND AUDIOLOGY 19 47 2,894.12 61.58 .036 152.32 2.19 HOSPICE SERVICES 32 695 78,836.01 113.43 .526 2463.63 59.68
PROSTHETIST/ORTHOTISTS         0         0         .00         .00         .00         .00         .00         .00           PROSTHETICS         0         0         .00
PROSTHETICS         0         0         .00
ORTHOTICS         0         0         .00 </td
PSYCHOLOGIST         0         0         .00         .00         .00         .00         .00         .00           SPEECH AND AUDIOLOGY         19         47         2,894.12         61.58         .036         152.32         2.19           HOSPICE SERVICES         32         695         78,836.01         113.43         .526         2463.63         59.68
SPEECH AND AUDIOLOGY       19       47       2,894.12       61.58       .036       152.32       2.19         HOSPICE SERVICES       32       695       78,836.01       113.43       .526       2463.63       59.68
HOSPICE SERVICES 32 695 78,836.01 113.43 .526 2463.63 59.68
NONINST BIRTHING CENTERS 0 0 0 .00 .00 .00 .00 .00 .00
LOCAL EDUCATION AGENCIES 0 0 .00 .00 .00 .00 .00 .00
EPSDT SUPPLEMENTAL SERVICE 0 0 .00 .00 .00 .00 .00 .00
RESPIRATORY CARE PRACT. 0 0 .00 .00 .00 .00 .00 .00 .00
PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00 .00 .00 .00
ALL OTHER PROVIDERS 60 16,297 6,282.77 .39 12.337 104.71 4.76
@CALIF. CHILDREN SERVICES* 0 0 \$ .00 \$ .00 \$ .00 \$ .00
@XOVER EXCLUDING STATE HOSP** 471 29,438 \$ 225,982.82 \$ 7.68 22.285 \$ 479.79 \$ 171.07

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,377 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

DOLLINICA OF DELLA	TCHO LOIK	T.TIA	ПОПО	T TI (T.)	CIIII	עוודעע		TITD CODE	23				
									Mo	TNC	HLY AVERA	GΕ	
USERS	UNITS OF	SERVI	CE		EXPEND	ITURES	AVE:	RAGE COST	UNITS/DAYS	3 (	COST PER		COST PER
	OR DAYS	OF CA	ARE				PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
0		0	\$			.00	\$	.00	.000	\$	.00	\$	.00
0		0	\$			.00	\$	.00	.000	\$	.00	\$	.00
0		0				.00		.00	.000		.00		.00
0		0				.00		.00	.000		.00		.00
0		0				.00		.00	.000		.00		.00
0		0				.00		.00	.000		.00		.00
0		0				.00		.00	.000		.00		.00
0		0				.00		.00	.000		.00		.00
0		0				.00		.00	.000		.00		.00
0		0				.00		.00	.000		.00		.00
0		0				.00		.00	.000		.00		.00
0		0				.00		.00	.000		.00		.00
0		0				.00		.00	.000		.00		.00
0		0				.00		.00	.000		.00		.00
		USERS UNITS OF	USERS UNITS OF SERVI		USERS UNITS OF SERVICE	USERS UNITS OF SERVICE EXPEND	USERS UNITS OF SERVICE OR DAYS OF CARE  0 0 \$ .00 0 0 \$ .00 0 0 .00	USERS UNITS OF SERVICE EXPENDITURES AVENUES OR DAYS OF CARE  0 0 \$ .00 \$ 0 0 \$ .00 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	USERS UNITS OF SERVICE OR DAYS OF CARE  OR DAYS OF CARE  0	USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS	USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS	USERS	USERS

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	0	0		.00		.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
	0	0								
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00		.00
OUTPATIENT SURGERY	Ü	0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00		.00
DIALYSIS	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		
RADIOLOGY	0	•								.00
PSYCHIATRY	U	0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000	.00		.00
@PHARMACY	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
PRESCRIPTION DRUGS	0	0		.00		.00	.000	.00		.00
SNF/ICF	0	0		.00		.00	.000	.00		.00
OUTPATIENTS	0	0		.00		.00	.000	.00		.00
	0	•								
MEDICAL SUPPLIES	0	0	<u> </u>	.00	<u> </u>	.00	.000	.00	<u> </u>	.00
@DENTIST	Ü	0	\$	.00	\$	.00		\$ .00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00		.00
ORAL SURGERY	0	0		.00		.00	.000	.00		.00
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	0	0		.00		.00	.000	.00		.00
ENDODONTICS	0	0		.00		.00	.000	.00		.00
	0	0		.00			.000	.00		.00
RESTORATIVE DENTISTRY	0	0				.00				
PROSTHETICS	Ü	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00		.00
	•	•	TC 1	MONTH-OF-PAYMENT RE	7 D O D I				г	
#CALIF DEPT OF HEALTH SERV			(E)	MONIH-OF-PAIMENT RE	LPUR.	I FOR JAN 2	.004 IRO D.	EC 2004	P	AGE 18,378
MOP024	FEE-FOR-SERVIC									03/14/05
YUBA COUNTY	SUMMARY OF SER	VICES FOR MN - LC	NG '	TERM CARE - BLIND		AID CODE				
								NTHLY AVERA	GE.	
00 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	1		PEI	R UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	·	.00	.000	.00		.00
EYE APPLIANCES	0	0		.00		.00	.000	.00		.00
	0	0								
OTHER OPTOMETRIC SERVICES	•	•	_	.00		.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	•	Ş	.00
VISITS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	0	0		.00				.00		
		ŭ	ċ		Ċ	.00	.000		ċ	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000			.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$ .00	Ş	.00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00		\$ .00		.00
	0	•	\$							
FAMILY NURSE PRACTITIONER	U	0	Ş	.00	\$	.00	.000	\$ .00	\$	.00
@TOTAL HOSPITAL	Ü	0	Ş	.00	\$	.00	.000		\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0						.00		
	0	0		.00		.00	.000			.00
ALL OTHER INPATIENT	U	U		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	O	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000		Ś	.00
CO HOSPITAL INPATIENT TOTAL	0	0	Y	.00	Y	.00	.000	.00	Y	.00
	0	0								
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	U	U		.00		.00	.000	.00		.00
ACCOMMODATIONS	Ü	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0								
RADIOLOGY	U	U		.00		.00	.000	.00		.00
ROOM USE	Ü	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT		0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURE	ES MONTH	I-OF-PAYMENT RE	EPORT	FOR JAN 2	:004 THRU I	DEC 2004	P	PAGE 18,379
MOP024	FEE-FOR-SERVICE	DENTAL								03/14/05
YUBA COUNTY	SUMMARY OF SERV	CES FOR MN - LON	IG TERM	CARE - BLIND		AID CODE	23			
							MO	ONTHLY AVER	AGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE:	RAGE COST	UNITS/DAYS	S COST PER		COST PER
		OR DAYS OF CARE					PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000			.00
COMM HOSP INPATIENT TOTAL	0	0	т	.00				.00	т	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00

COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00		\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER 0 0 .00 .00 .000 .00 .00 .00 .00 .00 .000 HEROIN DETOX CLINIC 0 0 .00 .000 .00 RURAL HEALTH CLINIC 0 Ω .00 .00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,380 03/14/05 MOP024 FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

					MONT	THLY AVERAGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

YUBA COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,381
MOP024 FEE-FOR-SERVICE/DENTAL
YUBA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

----- MONTHLY AVERAGE -----121 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 149 12,868 \$ 850,628.21 \$ 66.10 106.347 \$ 5708.91 \$ 7029.99 53 284 Ś 2.347 \$ 96.80 \$ 42.40 @PHYSICIANS SERVICES 5,130.53 \$ 18.07 192.61 .033 .008 48.15 48.15 1.59 OUTPATIENT VISITS 4 4 1 24.00 24.00 .20 OFFICE VISITS 1 .00 .00 .00 .000 .00 HOME VISITS 74.71 2 2 149.41 .017 74.71 1.23 EMERGENCY ROOM .00 PREVENTIVE CARE 0 0 .00 .000 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 .00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	1	1		19.20		19.20	.008		19.20		.16
INPATIENT VISITS	20	193		3,388.32		17.56	1.595		169.42		28.00
HOSPITAL VISITS	2	22		872.86		39.68	.182		436.43		7.21
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	18	171		2,515.46		14.71	1.413		139.75		20.79
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	2	2		271.82		135.91	.017		135.91		2.25
PRINCIPAL SURGEON	2	2		271.82		135.91	.017		135.91		2.25
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	2	6		210.45		35.08	.050		105.23		1.74
PRINCIPAL SURGEON	1	1		77.07		77.07	.008		77.07		.64
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	5		133.38		26.68	.041		133.38		1.10
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	7	16		548.32		34.27	.132		78.33		4.53
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	27	63	_	519.01	_	8.24	.521	_	19.22	_	4.29
@PHARMACY	115	8,625	\$	78,660.73	\$	9.12	71.281	Ş	684.01	Ş	650.09
PRESCRIPTION DRUGS	113	932		75,058.72		80.54	7.702		664.24		620.32
SNF/ICF	106	901		71,856.86		79.75	7.446		677.89		593.86
OUTPATIENTS	8	31		3,201.86		103.29	.256		400.23		26.46
MEDICAL SUPPLIES	14	7,693	Ċ	3,602.01	Ċ	.47	63.579	ć	257.29	Ċ	29.77
@DENTIST	3	22	\$	949.00	\$	43.14	.182	\$		Ş	7.84
VISITS - DIAGNOSTIC	3	17		214.00		12.59	.140		71.33		1.77
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	1	0		.00 200.00		.00 100.00	.000		.00 200.00		.00 1.65
PERIODONTICS ENDODONTICS		2		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	2	2		395.00		197.50	.017		197.50		3.26
PROSTHETICS	0	2		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1	1		140.00		140.00	.008		140.00		1.16
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	•	•	is i	MONTH-OF-PAYMENT RE	PORT			DEC		PΖ	AGE 18,382
MOP024	FEE-FOR-SERVICE					1010 01110	2001 111110	DLO	2001		03/14/05
YUBA COUNTY			IG '	TERM CARE - DISABLE	ED	AID CODE	63				03/11/00
10211 0001111	00111111111	. 1010 1011 1111 101				1112 0022		ONT	HLY AVERA	GE -	
121 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY				COST PER
		OR DAYS OF CARE				UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	4	11	\$	185.75	\$	16.89	.091		46.44		1.54
DIAGNOSTIC AND ANC. PROCED	1	2		46.94		23.47	.017		46.94		.39
EYE APPLIANCES	3	9		138.81		15.42	.074		46.27		1.15
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	5	5	\$	56.86	\$	11.37	.041	\$	11.37	\$	.47

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	5	5	56.86	11.37	.041	11.37	.47
@HOME HEALTH AGENCY	2	35 \$	2,516.37			1258.19	
	0	0 \$					
NURSE ANESTHESIST	0		.00	\$ .00	.000 \$		•
NURSE MIDWIFE	· ·	0 \$	.00	\$ .00	.000 \$		
PEDIATRIC NURSE PRACTITIONER		0 \$	.00	\$ .00	.000 \$		
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$		·
@TOTAL HOSPITAL	19	415 \$	63,524.31			3343.38	
HOSP INPATIENT TOTAL	5	33	58 <b>,</b> 879.20	1784.22	.273	11775.84	486.60
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	5	33	58 <b>,</b> 879.20	1784.22	.273	11775.84	486.60
ACCOMMODATIONS	5	33	15,534.07	470.73	.273	3106.81	128.38
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	33	15,534.07	470.73	.273	3106.81	128.38
ANCILLARIES	5	0	43,345.13	.00	.000	8669.03	358.22
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	14	382	4,645.11	12.16	3.157	331.79	38.39
MEDICAL	3	231	3,148.72	13.63	1.909	1049.57	26.02
	0	0	-				
SURGERY	5		.00	.00	.000	.00 141.71	.00
PATHOLOGY	<b>5</b>	131	708.54	5.41	1.083		5.86
RADIOLOGY	1	1	15.44	15.44	.008	15.44	.13
ROOM USE	2	5	326.28	65.26	.041	163.14	2.70
CROSSOVERS/ALL OTH OUTPTNT	9	14	446.13	31.87	.116	49.57	3.69
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$		•
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
	0	0					
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY		0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
		ES AND EXPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR JAN	2004 THRU DE	C 2004	PAGE 18,383
MOP024	FEE-FOR-SERVICE						03/14/05
YUBA COUNTY	SUMMARY OF SERV	ICES FOR MN - LONG	TERM CARE - DISABI	LED AID CODE			
							GE
121 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	Y PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	19	415 \$	63,524.31	\$ 153.07	3.430 \$	3343.38	\$ 524.99
COMM HOSP INPATIENT TOTAL	5	33	58,879.20	1784.22	.273	11775.84	486.60
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	5	33	58,879.20	1784.22	.273	11775.84	486.60
ACCOMMODATIONS	5	33	15,534.07	470.73	.273	3106.81	128.38
	9	55	10,001.07	1,0,,0	, , , ,		0.00

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	5	33		15,534.07		470.73	.273		3106.81		128.38
ANCILLARIES	5	0		43,345.13		.00	.000		8669.03		358.22
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	14	382		4,645.11		12.16	3.157		331.79		38.39
MEDICAL	3	231		3,148.72		13.63	1.909		1049.57		26.02
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	5	131		708.54		5.41	1.083		141.71		5.86
RADIOLOGY	1	1		15.44		15.44	.008		15.44		.13
ROOM USE	2	5		326.28		65.26	.041		163.14		2.70
CROSSOVERS/ALL OTH OUTPINT	9	14		446.13		31.87	.116		49.57		3.69
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	53	1,821	\$	432,812.25	\$	237.68	15.050	\$	8166.27	\$	3576.96
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	4	122		12,665.04		103.81	1.008		3166.26		104.67
LEV B-SUBACUTE FREESTANDING	9	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	9	366		224,693.32		613.92	3.025		24965.92		1856.97
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	40	1,333		195,453.89		146.63	11.017		4886.35		1615.32
@INTERMEDIATE CARE FACILDD	48	1,462	\$	256,317.81	\$	175.32	12.083	\$	5339.95	\$	2118.33
ICF DDH	24	730		115,298.20		157.94	6.033		4804.09		952.88
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	24	732		141,019.61		192.65	6.050		5875.82		1165.45
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00		\$		\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2	8	\$	98.52	\$	12.32	.066	\$	49.26	\$	.81
PATHOLOGY	2	8		98.52		12.32	.066		49.26		.81
XO AND OTHERS	0	0 3		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	3		\$	273.25	\$	91.08	.025	\$	91.08	\$	2.26
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	3	3		273.25		91.08	.025		91.08		2.26
#CALIF DEPT OF HEALTH SERV			JRES	MONTH-OF-PAYMENT R	REPOR!	r for jan 2	2004 THRU	DEC	2004	P.	AGE 18,384
MOP024	FEE-FOR-SERVICE	,									03/14/05
YUBA COUNTY	SUMMARY OF SERV	ICES FOR MN - I	LONG	TERM CARE - DISABL	ĿΕD	AID CODE					
							M			-	
121 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		ERAGE COST			COST PER		COST PER
_		OR DAYS OF CAP				R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	30	177	\$	10,102.83	\$	57.08	1.463	\$	336.76	Ş	83.49
DURABLE MED. EQUIP.	2	6		1,676.31		279.39	.050		838.16		13.85
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	5	28		609.25		21.76	.231		121.85		5.04
AMBULANCES/AIR TRANS	5	27		600.35		22.24	.223		120.07		4.96
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	1	1		8.90		8.90	.008		8.90		.07
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00

ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00	.00
OPTICIAN	3	6		59.36	9	.89	.050	19.79	.49
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00	.00
PORTABLE X-RAY	2	2		1.31		.66	.017	.66	.01
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
ORTHOTICS	0	0		.00		.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00		.00	.000	.00	.00
SPEECH AND AUDIOLOGY	13	61		2,085.77	34	.19	.504	160.44	17.24
HOSPICE SERVICES	4	46		5,489.64	119	.34	.380	1372.41	45.37
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	9	28		181.19	6	.47	.231	20.13	1.50
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	40	103	\$	2,988.99	\$ 29	.02	.851	\$ 74.72	\$ 24.70
A+ MOMAIC IN MURCE I INC. ADE CIVEN		TATEODATABLEON	TITINA ONT	37 -					

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

111202 B11111 11102 111020222 3		
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004	PAGE 18,385
MOP024	FEE-FOR-SERVICE/DENTAL	03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED	

							MO	NTHLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	€		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
@PHYSICIANS SERVICES	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	0	0		.00	.00	.000	.00		.00
OFFICE VISITS	0	0		.00	.00	.000	.00		.00
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	0	0		.00	.00	.000	.00		.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00		.00
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00		.00
	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0							
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST		ŭ		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00		.00
@PHARMACY	0	0 \$	3	.00	\$ .00	.000 \$	.00	\$	.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00		.00
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	0	0		.00	.00	.000	.00		.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00		.00
@DENTIST	0	0 \$		.00	\$ .00	.000 \$		\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	т	.00
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
	0	0		.00			.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0							
RESTORATIVE DENTISTRY	•	· ·		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-F	AYMENT RE	PORT FOR JAN 2	004 THRU DEC	2004	PAGE	18 <b>,</b> 386
MOP024	FEE-FOR-SERVICE	/DENTAL						0.3	3/14/05
YUBA COUNTY	SUMMARY OF SERV	ICES FOR MN - LONG	TERM CARE	- FAMILIE	S DISCONTINU	ED			
						MONT	HLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPEN	DITURES	AVERAGE COST	UNITS/DAYS	COST PER	COS	T PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELI	GIBLE
@OPTOMETRIST	0	0 \$	3	.00	\$ .00	.000 \$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00		.00

		•		0.0	0.0	0.00	0.0	0.0
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$ .00	.000	•	\$ .00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
	0	0						
OTHER	0		۵	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$ .00		\$ .00	\$ .00
NURSE ANESTHESIST	0	0	\$	.00	\$ .00		\$ .00	\$ .00
NURSE MIDWIFE	0	0	\$	.00	\$ .00		\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
	0	0						
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	U		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
	0	0			.00	.000	.00	.00
ROOM USE	0			.00				
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$ .00			\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	Ô	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
	~							
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	Ü	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITUR	ES MONTH-			2004 THRU D		PAGE 18,387
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR	MN - T.O.	NG TERM C	'ARE - FAMILIE	S DISCONTIN	JUED		00/11/00
IODII COONII	COLUMNIC OF CHICATORS LOW		.,0 111111 0		DIDCONTIL			~=

		OR DAYS OF CARE				DFR	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	OR DATS OF CARE	\$		.00	\$	.00	.000		.00	\$	.00
COMM HOSP INPATIENT TOTAL	0	0	Τ		.00	т	.00	.000	т	.00	Τ.	.00
HSC HOSPITALS	0	0			.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0			.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0			.00		.00	.000		.00		.00
ANCILLARIES	0	0			.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0			.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0			.00		.00	.000		.00		.00
MEDICAL	0	0			.00		.00	.000		.00		.00
SURGERY	0	0			.00		.00	.000		.00		.00
PATHOLOGY	0	0			.00		.00	.000		.00		.00
RADIOLOGY	0	0			.00		.00	.000		.00		.00
ROOM USE	0	0			.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0			.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0			.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0			.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0			.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0			.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
LEV B-REGULAR	0	0			.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0			.00		.00	.000		.00		.00
ICF DD	0	0			.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0			.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0			.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	<u> </u>		.00	<u> </u>	.00	.000	<u> </u>	.00	<u> </u>	.00
@REHABILITATION FACILITY	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0			.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	ć		.00	ć	.00	.000	Ċ	.00	Ċ	.00
@LABORATORY FACILITY	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0			.00		.00			.00		.00
XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
CLINIC CLINIC	0	0	Ÿ		.00	Ų	.00	.000	۲	.00	ې	.00
SURGICENTER	0	0			.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0			.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0										.00
		ES AND EXPENDITUR	ES MO									
	FEE-FOR-SERVICE		.00.110	NIII OF TAIR	.11.11 1/1	DI OI(I	TON OAN 2	OM IIIKO	טטכ	2004	Ι.	03/14/05
		ICES FOR MN - LO	NG TE	RM CARE - F	ZAMTT.TE	E.S	DISCONTINU	ED				03/11/03
10211 000111	COLUMNIC OF DELLA	1010 1010 PHV 110	111	1					ОИТ	HLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDIT	TURES	AVE						
		OR DAYS OF CARE					UNIT/DAY	DED ELIC		HCED		ET TOTOTE
@ALL OTHER PROVIDERS	0	0			.00	\$		.000	\$	.00	\$	.00
DURABLE MED. EQUIP.	0	0	•		.00		.00	.000		.00		.00
BLOOD BANK	0	0			.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00

 $<sup>\</sup>ensuremath{\text{@*}}$  Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,389
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YUBA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

IODA COUNTI	DOMINANT OF DEIX	ATCHO LOLL MIN HOURS IN	INI CAILD IOIAL				
					MON	ITHLY AVERA	GE
1,442 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,610	102,094 \$	5,350,463.07	\$ 52.41	70.800	3323.27	\$ 3710.45
@PHYSICIANS SERVICES	262	751 \$	11,553.20	\$ 15.38	.521	44.10	\$ 8.01
OUTPATIENT VISITS	4	4	192.61	48.15	.003	48.15	.13
OFFICE VISITS	1	1	24.00	24.00	.001	24.00	.02
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	149.41	74.71	.001	74.71	.10
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	19.20	19.20	.001	19.20	.01
INPATIENT VISITS	22	195	3,461.62	17.75	.135	157.35	2.40
HOSPITAL VISITS	3	23	918.66	39.94	.016	306.22	.64
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	19	172	2,542.96	14.78	.119	133.84	1.76
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	2	271.82	135.91	.001	135.91	.19
PRINCIPAL SURGEON	2	2	271.82	135.91	.001	135.91	.19
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT SURGERY	2	6		210.45		35.08	.004		105.23		.15
PRINCIPAL SURGEON	1	1		77.07		77.07	.001		77.07		.05
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	5		133.38		26.68	.003		133.38		.09
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	8	26		555.24		21.36	.018		69.41		.39
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	233	518		6,861.46		13.25	.359		29.45		4.76
@PHARMACY	1,241	34,346	\$	647,426.05	\$	18.85	23.818	\$	521.70	\$	448.98
PRESCRIPTION DRUGS	1,232	10,655		637,723.01		59.85	7.389		517.63		442.25
SNF/ICF	1,202	10,457		630,825.22		60.33	7.252		524.81		437.47
OUTPATIENTS	47	198		6,897.79		34.84	.137		146.76		4.78
MEDICAL SUPPLIES	68	23,691		9,703.04		.41	16.429		142.69		6.73
@DENTIST	54	147	\$	9,966.00	\$	67.80	.102	\$	184.56	\$	6.91
VISITS - DIAGNOSTIC	49	118		2,400.00		20.34	.082		48.98		1.66
ORAL SURGERY	3	5		211.00		42.20	.003		70.33		.15
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	2	3		400.00		133.33	.002		200.00		.28
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	2	2		395.00		197.50	.001		197.50		.27
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	12	19		6,560.00		345.26	.013		546.67		4.55
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		RES	MONTH-OF-PAYMENT R	EPOR1	r for jan	2004 THRU	DEC	2004	P	AGE 18,390
MOP024	FEE-FOR-SERVICE/DENTA	<u>.</u>									03/14/05

YUBA COUNTY	SUMMARY OF SERV	ICES FOR MN - LONG TE	RM CARE - TOTAL		MO1	יייטדע אנ <i>ו</i> רסא	CF	
1,442 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			1GE	COST PER
1,112 0010000	ОВЫКО	OR DAYS OF CARE	LATENDITORES	PER UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	20	50 \$	829.26	\$ 16.59	.035			.58
DIAGNOSTIC AND ANC. PROCED	4	6	94.96	15.83	.004	23.74	-	.07
EYE APPLIANCES	16	44	734.30	16.69	.031	45.89		.51
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00		.00
@CHIROPRACTOR	0	0 \$	.00	\$ .00	.000		\$	.00
VISITS	0	0	.00	.00	.000	.00	-	.00
OTHER SERVICES	0	0	.00	.00	.000	.00		.00
@PODIATRIST	56	66 \$	382.35	\$ 5.79	.046		Ś	.27
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00		.00
SURGERY/ANES.	0	0	.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00		.00
OTHER	56	66	382.35	5.79	.046	6.83		.27
@HOME HEALTH AGENCY	2	35 \$	2,516.37	\$ 71.90	.024		\$	1.75
NURSE ANESTHESIST	1	7 \$	22.17	\$ 3.17	.005		\$	.02
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000		\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000		\$	.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000		\$	.00
@TOTAL HOSPITAL	80	532 \$	98,391.67	\$ 184.95	.369		\$	68.23
HOSP INPATIENT TOTAL	42	36	91,004.98	2527.92	.025	2166.79		63.11
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	6	36	62,832.41	1745.34	.025	10472.07		43.57
ACCOMMODATIONS	6	36	16,777.29	466.04	.025	2796.22		11.63
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	6	36	16,777.29	466.04	.025	2796.22		11.63
ANCILLARIES	6	0	46,055.12	.00	.000	7675.85		31.94
INPATIENT CROSSOVERS	36	0	28,172.57	.00	.000	782.57		19.54
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	42	496	7,386.69	14.89	.344	175.87		5.12
MEDICAL	3	231	3,148.72	13.63	.160	1049.57		2.18
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	9	139	792.99	5.70	.096	88.11		.55
RADIOLOGY	1	1	15.44	15.44	.001	15.44		.01
ROOM USE	2	5	326.28	65.26	.003	163.14		.23
CROSSOVERS/ALL OTH OUTPINT	33	120	3,103.26	25.86	.083	94.04		2.15
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	0	0	.00	.00	.000	.00		.00

MOP024 FEE-FOR-SERVICE/DENTAL
YUBA COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

IODA COUNTI	SUMMARI OF SERVICES FC	NY MIN — T	DNG	IERM CARE - IOIAL						~=	
1 440 5 5 5 5 5 5			_			D. 200 000			HLY AVERA		
1,442 ELIGIBLES		OF SERVIC		EXPENDITURES			UNITS/DAY		COST PER		COST PER
OCCUMUNITES HOODIEST BOEST	0R DA 80	YS OF CAR		00 201 67			PER ELIC		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	~ ~	532	\$		\$	184.95		Þ	1229.90	Ş	68.23
COMM HOSP INPATIENT TOTAL	42	36		91,004.98		2527.92	.025		2166.79		63.11
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	6	36		62,832.41		1745.34	.025		10472.07		43.57
ACCOMMODATIONS	6	36		16,777.29		466.04	.025		2796.22		11.63
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	6	36		16,777.29		466.04	.025		2796.22		11.63
ANCILLARIES	6	0		46,055.12		.00	.000		7675.85		31.94
INPATIENT CROSSOVERS	36	0		28,172.57		.00	.000		782.57		19.54
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	42	496		7,386.69		14.89	.344		175.87		5.12
MEDICAL	3	231		3,148.72		13.63	.160		1049.57		2.18
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	9	139		792.99		5.70	.096		88.11		.55
RADIOLOGY	1	1		15.44		15.44	.001		15.44		.01
ROOM USE	2	5		326.28		65.26	.003		163.14		.23
CROSSOVERS/ALL OTH OUTPTNT		120		3,103.26		25.86	.083		94.04		2.15
@STATE HOSPITAL	8	233	\$	•	\$	597.42	.162			\$	96.53
MENTALLY ILL	8	233		139,197.74		597.42	.162		17399.72		96.53
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	1,204	35 <b>,</b> 613	\$	-,,	\$	112.17	24.697	\$		\$	2770.28
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	8	244		25,941.08		106.32	.169		3242.64		17.99
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	9	366		224,693.32		613.92	.254		24965.92		155.82
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1,187	35,003		3,744,102.35		106.97	24.274		3154.26		2596.46
@INTERMEDIATE CARE FACILDD	48	1,462	\$	256,317.81	\$	175.32	1.014	\$		\$	177.75
ICF DDH	24	730		115,298.20		157.94	.506		4804.09		79.96
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	24	732		141,019.61		192.65	.508		5875.82		97.79
@HEMODIALYSIS TOTAL	46	66	\$	,	\$	444.74	.046	\$	638.11	\$	20.36
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	46	66		29,352.87		444.74	.046		638.11		20.36
@REHABILITATION FACILITY	0	0	\$		\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2	8	\$		\$	12.32	.006	\$	49.26	\$	.07
PATHOLOGY	2	8		98.52		12.32	.006		49.26		.07
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	37	111	\$	3,094.33	\$	27.88	.077	\$		\$	2.15
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	37	111		3,094.33		27.88	.077		83.63		2.15
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2004 THRU	DEC	2004	P	AGE 18,392
MOP024	FEE-FOR-SERVICE/DENTAL	ı									03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FO	OR MN - L	ONG	TERM CARE - TOTAL							

1,442 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
_		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG		ELIGIBLE
@ALL OTHER PROVIDERS	272	28 <b>,</b> 667	\$ 156 <b>,</b> 577.98		19.880	•	\$ 108.58
DURABLE MED. EQUIP.	16	50	11,867.15	237.34			8.23
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1	-,	1414.13	.001	1414.13	.98
MEDICAL TRANSPORTATION	103	11 <b>,</b> 364	47 <b>,</b> 171.16	4.15		457.97	32.71
AMBULANCES/AIR TRANS	8	67	1,070.55	15.98	.046	133.82	.74
OTHER TRANS	82	11,220	45 <b>,</b> 800.99	4.08	7.781	558.55	31.76
OTHER SERVICES	18	77	299.62	3.89	.053	16.65	.21
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	13	28	326.41	11.66	.019	25.11	.23
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	34	50	29.63	.59	.035	.87	.02
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	32	108	4,979.89	46.11	.075	155.62	3.45
HOSPICE SERVICES	36	741	84,325.65	113.80	.514	2342.38	58.48
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	69	16,325	6,463.96	.40	11.321	93.68	4.48
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	511	29,541	\$ 228,971.81	\$ 7.75	20.486	\$ 448.09	\$ 158.79

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,393
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YUBA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

IODII COONII	DOLLINITY OF DELIV	CVICUO IOIC INDICI		11000				
						MO	NTHLY AVERA	GE
4,529 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E.		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	4,449	114,083	\$	5,843,412.82	\$ 51.22	25.189	\$ 1313.42	\$ 1290.22
@PHYSICIANS SERVICES	792	2,725	\$	47,809.55	\$ 17.54	.602	\$ 60.37	\$ 10.56
OUTPATIENT VISITS	48	60		2,206.25	36.77	.013	45.96	.49
OFFICE VISITS	43	54		1,998.86	37.02	.012	46.49	.44
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1		68.35	68.35	.000	68.35	.02
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	5	5		139.04	27.81	.001	27.81	.03
INPATIENT VISITS	6	27		1,101.56	40.80	.006	183.59	.24
HOSPITAL VISITS	5	26		1,074.06	41.31	.006	214.81	.24
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	1	1		27.50	27.50	.000	27.50	.01
OPHTHALMOLOGICAL SERVICES	23	31		1,107.80	35.74	.007	48.17	.24

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	23	31		1,107.80		35.74	.007		48.17		.24
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	5	26		3,396.75		130.64	.006		679.35		.75
PRINCIPAL SURGEON	3	3		2,910.05		970.02	.001		970.02		.64
ASSISTANT SURGEON	1	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	2	23		486.70		21.16	.005		243.35		.11
OUTPATIENT SURGERY	7	10		3,655.04		365.50	.002		522.15		.81
PRINCIPAL SURGEON	7	10		3,655.04		365.50	.002		522.15		.81
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	59	122		4,093.51		33.55	.027		69.38		.90
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	1	1		2.26		2.26	.000		2.26		.00
OTHER SERVICES/ALL X-OVERS	694	2,448		32,246.38		13.17	.541		46.46		7.12
@PHARMACY	3,398	39,226	\$	1,285,555.37	\$	32.77	8.661	\$	378.33	\$	283.85
PRESCRIPTION DRUGS	3,341	18,178		1,265,511.94		69.62	4.014		378.78		279.42
SNF/ICF	1,177	10,158		588,537.32		57.94	2.243		500.03		129.95
OUTPATIENTS	2,189	8,020		676,974.62		84.41	1.771		309.26		149.48
MEDICAL SUPPLIES	236	21,048		20,043.43		.95	4.647		84.93		4.43
@DENTIST	165	609	\$	37,285.00	\$	61.22	.134	\$	225.97	\$	8.23
VISITS - DIAGNOSTIC	115	351		5,489.00		15.64	.078		47.73		1.21
ORAL SURGERY	20	79		5,221.00		66.09	.017		261.05		1.15
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	5	6		609.00		101.50	.001		121.80		.13
ENDODONTICS	3	3		660.00		220.00	.001		220.00		.15
RESTORATIVE DENTISTRY	22	74		6,002.00		81.11	.016		272.82		1.33
PROSTHETICS	1	1		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	42	93		19,304.00		207.57	.021		459.62		4.26
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	5	2		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITU	RES 1	MONTH-OF-PAYMENT RE	EPOR:	T FOR JAN	2004 THRU	DEC	2004	PA	AGE 18,394
MOP024	FEE-FOR-SERVICE/DENT	'AL									03/14/05
YUBA COUNTY	SUMMARY OF SERVICES	FOR MEDICA	LLY 1	NEEDY - AGED							

----- MONTHLY AVERAGE -----4,529 ELIGIBLES USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 247 50.34 \$ @OPTOMETRIST 93 4,681.57 \$ 18.95 .055 \$ 1.03 26 30 28.92 33.37 DIAGNOSTIC AND ANC. PROCED 867.73 .007 .19 201 3,414.79 50.22 EYE APPLIANCES 68 16.99 .044 .75 OTHER OPTOMETRIC SERVICES 12 16 399.05 24.94 .004 33.25 .09 @CHIROPRACTOR 4 71.19 7.91 .002 \$ 17.80 \$ 0 0 .00 .00 VISITS .00 .000 .00 OTHER SERVICES 4 9 71.19 7.91 .002 17.80 .02 70 88 551.40 6.27 7.88 \$ .12 @PODIATRIST .019 \$ 0 0 .00 .00 .000 .00 .00 MEDICINE/INJECTIONS SURGERY/ANES. Ω 0 .00 .00 .000 .00 .00 0 0 .00 .00 RADIO./PATHOLOGY .00 .000 OTHER 70 88 551.40 6.27 7.88 .12 .019 3 21 1,372.93 .005 \$ 457.64 \$ .30 @HOME HEALTH AGENCY 65.38 NURSE ANESTHESIST 22.17 3.17 .002 \$ 22.17 \$ .00

NURSE MIDWIFE	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	2	4	\$ 54.86	\$ 13.72	.001	\$ 27.43	\$ .01
@TOTAL HOSPITAL	284	908	\$ 133,946.93	\$ 147.52	.200	\$ 471.64	\$ 29.58
HOSP INPATIENT TOTAL	92	27	106,739.00	3953.30	.006	1160.21	23.57
HSC HOSPITALS	2	8	9,594.15	1199.27	.002	4797.08	2.12
NON-HSC HOSPITAL TOTAL	5	19	28,786.67	1515.09	.004	5757.33	6.36
ACCOMMODATIONS	5	19	8,718.57	458.87	.004	1743.71	1.93
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	19	8,718.57	458.87	.004	1743.71	1.93
ANCILLARIES	5	0	20,068.10	.00	.000	4013.62	4.43
INPATIENT CROSSOVERS	85	0	68,358.18	.00	.000	804.21	15.09
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	199	881	27,207.93	30.88	.195	136.72	6.01
MEDICAL	16	21	1,140.79	54.32	.005	71.30	.25
SURGERY	4	5	262.10	52.42	.001	65.53	.06
PATHOLOGY	27	126	1,221.52	9.69	.028	45.24	.27
RADIOLOGY	25	39	4,250.47	108.99	.009	170.02	.94
ROOM USE	22	24	1,038.47	43.27	.005	47.20	.23
CROSSOVERS/ALL OTH OUTPTNT	153	666	19,294.58	28.97	.147	126.11	4.26
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTN	NT O	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	2004 THRU DEG	2004	PAGE 18,395
MOP024	FEE-FOR-SERVICE/DENTAL	Ĺ					03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FO	OR MEDICALLY	NEEDY - AGED				

----- MONTHLY AVERAGE -----4,529 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 284 908 133,946.93 \$ 147.52 .200 \$ 471.64 \$ 29.58 3953.30 1199.27 27 COMM HOSP INPATIENT TOTAL 106,739.00 .006 1160.21 23.57 8 9,594.15 .002 4797.08 2.12 HSC HOSPITALS 19 1515.09 NON-HSC HOSPITALS TOTAL 28,786.67 .004 5757.33 6.36 19 458.87 1.93 ACCOMMODATIONS 8,718.57 .004 1743.71 0 .00 ADMINISTRATIVE DAYS .000 .00 TRANSITIONAL IP CARE 0 .000 .00 .00 19 ALL OTHER ACCOM .004 1743.71 0 ANCILLARIES .000 4013.62 INPATIENT CROSSOVERS 0 .000 804.21 15.09 .00 0 .000 ALL OTHER INPATIENT .00 COMM HOSP OUTPATIENT TOTAL 199 881 .195 136.72 6.01 .005 16 21 71.30 MEDICAL SURGERY .001 65.53 .06 126 45.24 .028 PATHOLOGY RADIOLOGY 39 .009 170.02 24 43.27 47.20 ROOM USE 1,038.47 .005 .23 153 666 19,294.58 28.97 CROSSOVERS/ALL OTH OUTPINT .147 126.11 4.26 8 233 139,197.74 \$ 597.42 @STATE HOSPITAL .051 \$ 17399.72 \$ 233 139,197.74 597.42 17399.72 MENTALLY ILL .051 30.73 0 36**,**647 0 DEVELOP. DISABLED .00 .00 .000 .00 1,247 3,925,142.59 107.11 8.092 \$ 3147.67 \$ @NURSING FACILITY LEV A-INTERMEDIATE 0 0 .00 .00 .000 .00 .00 122 LEV B-REHAB MD 4 13,276.04 108.82 .027 3319.01 2.93 0 .00 .00 .000 .00 .00 LEV B-SUBACUTE FREESTANDING .00 .00 LEV B-SUBACUTE HSPTL BASED .00 .000 .00 0 36**,**525 LEV B-TRANSITIONAL IP CARE 0 .00 .00 .000 .00 .00 1,243 3,911,866.55 107.10 8.065 3147.12 LEV B-REGULAR 0 0 .00 .00 \$ @INTERMEDIATE CARE FACIL.-DD .00 .000 \$ .00 ICF DDH 0 .00 .00 .000 .00 .00 .00 .00 .00 ICF DD .000 0 ICF DDN/DDCN 0 .00 .00 .000 .00 .00 42,315.59 @HEMODIALYSIS TOTAL 542.51 .017 \$ 651.01 \$ 9.34 0 HOSPITAL BASED 0 .00 .00 .000 .00 65 78 42,315.59 542.51 .017 651.01 HEMODIALYSIS CENTER 9.34 0 .00 . 00 .000 \$ .00 \$ @REHABILITATION FACILITY . 00 .00 .00 .00 .000 HOSPITAL BASED .00 .00 INDEPENDENT FACILITY 0 .00 .000 .00 158 1,693.31 10.72 .035 \$ 40.32 \$ . 37 @LABORATORY FACILITY 1,527.46 10.53 .032 44.93 PATHOLOGY 8 13 165.85 12.76 .003 20.73 XO AND OTHERS .04 @ORGANIZED OUTPATIENT CLINIC 600 1,143 44,342.61 38.79 .252 \$ 73.90 \$ 9.79 CLINIC 44.23 .000 88.46 .02 SURGICENTER
16 49 4,736.70 96.67 .011 296.04 1.05
HEROIN DETOX CLINIC 0 0 0 .00 .00 .00 .00 .00
RURAL HEALTH CLINIC 586 1,092 39,517.45 36.19 .241 67.44 8.73
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,396
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

IODA COUNTI	SUMMAKI OF SEK	VICES FOR MEDICA	TITI I	NEEDI AGED				
						MOI		-
4,529 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CAR	Œ		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	637	31,980	\$	179,370.01	\$ 5.61	7.061	\$ 281.59	\$ 39.60
DURABLE MED. EQUIP.	35	71		11,751.64	165.52	.016	335.76	2.59
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	23	24		4,211.44	175.48	.005	183.11	.93
MEDICAL TRANSPORTATION	126	13,456		58,505.73	4.35	2.971	464.33	12.92
AMBULANCES/AIR TRANS	7	53		773.29	14.59	.012	110.47	.17
OTHER TRANS	101	13,296		57,360.14	4.31	2.936	567.92	12.67
OTHER SERVICES	24	107		372.30	3.48	.024	15.51	.08
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	5	14		1,377.75	98.41	.003	275.55	.30
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	83	182		2,231.45	12.26	.040	26.88	.49
PHYSICAL THERAPIST	1	26		388.48	14.94	.006	388.48	.09
PORTABLE X-RAY	37	56		34.32	.61	.012	.93	.01
PROSTHETIST/ORTHOTISTS	7	16		277.57	17.35	.004	39.65	.06
PROSTHETICS	7	16		277.57	17.35	.004	39.65	.06
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1		20.31	20.31	.000	20.31	.00
SPEECH AND AUDIOLOGY	36	88		5,318.67	60.44	.019	147.74	1.17
HOSPICE SERVICES	32	695		78,836.01	113.43	.153	2463.63	17.41
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	292	17,351		16,416.64	.95	3.831	56.22	3.62
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	1,294	35 <b>,</b> 830	\$	350,510.40	\$ 9.78	7.911	\$ 270.87	\$ 77.39
A* TOTATO IN THESE ITMES ADE	CTUEN AC A CEDA	DATE INFODMATION	TTTM	ONI V.				

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

YUBA COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,397
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YUBA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

MONIBILL A VEDVOE

						MON	THLY AVERAC	∍E
13 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	3		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	13	105	\$	4,769.08	\$ 45.42	8.077 \$	366.85	\$ 366.85
@PHYSICIANS SERVICES	1	1	\$	24.00	\$ 24.00	.077 \$	24.00	\$ 1.85
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
	0	0					
EXAMINATIONS	U	· ·	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
	0	0	.00				
PATHOLOGY	0			.00	.000	.00	.00
RADIOLOGY	U	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1	24.00	24.00	.077	24.00	1.85
@PHARMACY	12	75 \$	4,466.28	\$ 59.55	5.769	\$ 372.19	\$ 343.56
PRESCRIPTION DRUGS	12	63	4,379.48	69.52	4.846	364.96	336.88
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	12	63	4,379.48	69.52	4.846	364.96	336.88
MEDICAL SUPPLIES	4	12	86.80	7.23	.923	21.70	6.68
@DENTIST	0	0 \$	.00	\$ .00	.000 \$		
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
	0	0					
ORAL SURGERY	-	· ·	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	Ô	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
		•					
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES 1	MONTH-OF-PAIMENT R	EPORT FOR JAN	2004 THRU DE	LC 2004	PAGE 18,398
MOP024	FEE-FOR-SERVIC						03/14/05
YUBA COUNTY	SUMMARY OF SER	VICES FOR MEDICALLY I	NEEDY - BLIND				
					MON	NTHLY AVERAC	GE
13 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	Õ	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$ .00	.000		
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$ .00	.000		
GLODIVIVIOI	U	U Ş	.00	٠٠٠٠	.000	, .00	٠.٠٠

MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
			ċ					
@HOME HEALTH AGENCY	0		\$	.00	\$ .00	.000 \$	.00	
NURSE ANESTHESIST	0		\$	.00	\$ .00	.000 \$	.00	\$ .00
NURSE MIDWIFE	0	0 :	\$	.00	\$ .00	.000 \$	.00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0 :	\$	.00	\$ .00	.000 \$	.00	\$ .00
FAMILY NURSE PRACTITIONER	0	0 :	\$	.00	\$ .00	.000 \$	.00	\$ .00
@TOTAL HOSPITAL	0	0 :	\$	.00	\$ .00	.000 \$	.00	\$ .00
HOSP INPATIENT TOTAL	0	0	Т	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
	0							
NON-HSC HOSPITAL TOTAL	U	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
	0	0						
MEDICAL	•	· · · · · · · · · · · · · · · · · · ·		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 :	\$	.00	\$ .00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	•	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
	0							
ACCOMMODATIONS		0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	U		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
	0	0		.00	.00		.00	
RADIOLOGY	· ·					.000		.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	S MONT	H-OF-PAYMENT RE	EPORT FOR JAN	2004 THRU DE	C 2004	PAGE 18,399
MOP024	FEE-FOR-SERVICE	I/DENTAL						03/14/05
YUBA COUNTY	SUMMARY OF SERV	ICES FOR MEDICALLY	Y NEED	Y - BLIND				
						MON'	THLY AVERA	GE
13 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		. =-	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0		\$	.00	\$ .00	.000 \$		
COMM HOSP INPATIENT TOTAL	0	0	т	.00	.00	.000	.00	.00
	0	0		.00	.00	.000	.00	
HSC HOSPITALS								.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
MEDICAL	0	0	.00	.00	.000		.00	.00
SURGERY	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
ROOM USE	0	0	.00	.00	.000		.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000		.00	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$.	.00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000		.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000		.00	.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$.	.00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000		.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000		.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000		.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000		.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
LEV B-REGULAR	0	0	.00	.00	.000		.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$ .00	\$ .00	.000	\$.	.00	\$ .00
ICF DDH	0	0	.00	.00	.000		.00	.00
ICF DD	0	0	.00	.00	.000		.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000		.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$.	.00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000		.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000		.00	.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$.	.00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000		.00	.00

INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITURES MOI	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 18,400
MOP024	FEE-FOR-SERVICE/DENT						03/14/05
YUBA COUNTY	SUMMARY OF SERVICES	FOR MEDICALLY NEI	EDY - BLIND				
						THLY AVERA	
13 ELIGIBLES		S OF SERVICE	EXPENDITURES		UNITS/DAYS	COST PER	COST PER
		DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	13	29 \$	278.80	\$ 9.61	2.231 \$		\$ 21.45
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	U	U	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	U	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00

.00 .00 .00 OCCUPATIONAL THERAPIST .000 .00 .00 .00 .00 .00 OPTICIAN .000 .00 PHYSICAL THERAPIST .00 .000 .00 .00 .00 .00 PORTABLE X-RAY .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 PROSTHETICS .00 .00 .000 .00 .00 ORTHOTICS .00 .00 .000 .00 .00 .00 .00 .00 .00 .000 PSYCHOLOGIST .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 8.79 8.79 8.79 LOCAL EDUCATION AGENCIES .077 .68 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 0 Ο .00 .00 .00 .000 .00 RESPIRATORY CARE PRACT.

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12

PED SUBACUTE REHAB/WEANING

ALL OTHER PROVIDERS

@CALIF. CHILDREN SERVICES\*

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,401 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 YUBA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

.00

380.81

.00 \$

\$

270.01

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9.64

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9.29

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.000 \$

3.154 \$

2.154

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31.73 \$

22.50

MONIBULL ATTEDACE

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20.77

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29.29

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28

41

							MO	NIALI AVERA	1GE	
2,678 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVE:	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	E		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	2,825	64 <b>,</b> 119	\$	2,811,231.96	\$	43.84	23.943	\$ 995.13	\$	1049.75
@PHYSICIANS SERVICES	684	2,965	\$	103,715.27	\$	34.98	1.107	\$ 151.63	\$	38.73

<sup>@</sup>XOVER EXCLUDING STATE HOSP\*\* @\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	166	248		7,647.13		30.84	.093		46.07		2.86
OFFICE VISITS	137	203		6,295.20		31.01	.076		45.95		2.35
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	8	8		553.53		69.19	.003		69.19		.21
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	24	37		798.40		21.58	.014		33.27		.30
INPATIENT VISITS	64	483		17,278.60		35.77	.180		269.98		6.45
HOSPITAL VISITS	42	259		10,143.09		39.16	.097		241.50		3.79
CRITICAL CARE	10	51		4,520.45		88.64	.019		452.05		1.69
SNF/ICF/TRANS IP CARE	19	173		2,615.06		15.12	.065		137.63		.98
OPHTHALMOLOGICAL SERVICES	12	13		421.13		32.39	.005		35.09		.16
EXAMINATIONS	12	13		421.13		32.39	.005		35.09		.16
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	34	237		22,299.57		94.09	.088		655.87		8.33
PRINCIPAL SURGEON	27	64		17,276.11		269.94	.024		639.86		6.45
	6	7					.024		251.11		
ASSISTANT SURGEON				1,506.68		215.24					.56
ANESTHESIOLOGIST	13	166		3,516.78		21.19	.062		270.52		1.31
OUTPATIENT SURGERY	46	102		9,672.03		94.82	.038		210.26		3.61
PRINCIPAL SURGEON	42	52		8,473.19		162.95	.019		201.74		3.16
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	8	50		1,198.84		23.98	.019		149.86		.45
DIALYSIS	16	44		3,793.24		86.21	.016		237.08		1.42
PATHOLOGY	31	107		3,945.32		36.87	.040		127.27		1.47
RADIOLOGY	146	361		16,300.77		45.15	.135		111.65		6.09
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	11	64		540.02		8.44	.024		49.09		.20
OTHER SERVICES/ALL X-OVERS	417	1,306		21,817.46		16.71	.488		52.32		8.15
@PHARMACY	2,117	20 <b>,</b> 871	\$	1,179,885.67		56.53	7.794	\$	557.34	\$	440.58
PRESCRIPTION DRUGS	2,058	9 <b>,</b> 540		1,155,640.69		121.14	3.562		561.54		431.53
SNF/ICF	122	1,023		78,480.06		76.72	.382		643.28		29.31
OUTPATIENTS	1,937	8 <b>,</b> 517		1,077,160.63		126.47	3.180		556.10		402.23
MEDICAL SUPPLIES	266	11,331		24,244.98		2.14	4.231		91.15		9.05
@DENTIST	145	669	\$	23,840.80	\$	35.64	.250	\$	164.42	\$	8.90
VISITS - DIAGNOSTIC	89	400		3,735.75		9.34	.149		41.97		1.39
ORAL SURGERY	24	82		3,434.00		41.88	.031		143.08		1.28
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	8	9		908.00		100.89	.003		113.50		.34
ENDODONTICS	3	4		995.00		248.75	.001		331.67		.37
RESTORATIVE DENTISTRY	35	95		4,624.05		48.67	.035		132.12		1.73
PROSTHETICS	2	2		30.00		15.00	.001		15.00		.01
DENTURES, STAYPLATES	31	70		10,114.00		144.49	.026		326.26		3.78
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	Ō		.00		.00	.000		.00		.00
ALL OTHER SERVICES	7	7		.00		.00	.003		.00		.00
#CALIF DEPT OF HEALTH SERV			ES I							P	AGE 18,402
MOP024	FEE-FOR-SERVICE				. CLI OIC.	1 1010 07110 2	.001 11110	DLC	2001		03/14/05
YUBA COUNTY		ICES FOR MEDICAL	TVI	MEEDY - DICABIED							03/14/03
IODA COUNTI	SOMMANI OF SERV	ICES FOR MEDICAL	י דידו	NEEDI DISABLED			M		אמשוזע אזוב	CF	
2,678 ELIGIBLES	USERS	UNITS OF SERVICE	!	EXPENDITURES	∆ 7.7I	ERAGE COST					COST PER
2,070 511131515	ODENO	OR DAYS OF CARE		EVIENDIIONES		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	71	208		4,149.08			.078		58.44		1.55
DIAGNOSTIC AND ANC. PROCED	21	26	Y	899.92		34.61	.010	۲	42.85	Y	.34
DIAGNOSTIC AND ANC. FRUCED	∠⊥	20		099.92		74.0T	.010		72.03		. 54

EYE APPLIANCES	57	170		2,803.00		16.49	.063			1.05
OTHER OPTOMETRIC SERVICES	10	12		446.16		37.18	.004	44.62		.17
@CHIROPRACTOR	5	5	\$	79.81	\$	15.96	.002	\$ 15.96	\$	.03
VISITS	1	1		16.72		16.72	.000	16.72		.01
OTHER SERVICES	4	4		63.09		15.77	.001	15.77		.02
@PODIATRIST	31	35	\$	266.18	\$	7.61	.013		Ś	.10
MEDICINE/INJECTIONS	0	0	'	.00		.00	.000			.00
SURGERY/ANES.	0	0		.00		.00	.000			.00
RADIO./PATHOLOGY	0	0		.00		.00	.000			.00
	31	35		266.18		7.61				.10
OTHER			Ċ		<u>_</u>		.013		Ċ	
@HOME HEALTH AGENCY	17	105	\$	7,513.81	\$	71.56	.039			2.81
NURSE ANESTHESIST	2	6	\$	153.62	\$	25.60	.002			.06
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000			.00
PEDIATRIC NURSE PRACTITIONER		0	\$	.00	\$	.00	.000			.00
FAMILY NURSE PRACTITIONER	1	1	\$	24.00	\$	24.00	.000	\$ 24.00	\$	.01
@TOTAL HOSPITAL	345	2,548	\$	545,343.96	\$	214.03	.951	\$ 1580.71	\$	203.64
HOSP INPATIENT TOTAL	68	312		479,900.25		1538.14	.117	7057.36		179.20
HSC HOSPITALS	14	132		162,476.00		1230.88	.049			60.67
NON-HSC HOSPITAL TOTAL	29	180		296,687.52		1648.26	.067			110.79
ACCOMMODATIONS	29	180		92,728.00		515.16	.067			34.63
ADMINISTRATIVE DAYS	0	0		.00		.00	.000			.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000			.00
	29	180		92,728.00						
ALL OTHER ACCOM						515.16	.067			34.63
ANCILLARIES	29	0		203,959.52		.00	.000			76.16
INPATIENT CROSSOVERS	25	0		20,736.73		.00	.000			7.74
ALL OTHER INPATIENT	0	0		.00		.00	.000			.00
HOSP OUTPATIENT TOTAL	296	2,236		65 <b>,</b> 443.71		29.27	.835			24.44
MEDICAL	82	540		18,138.87		33.59	.202			6.77
SURGERY	23	29		1,304.91		45.00	.011	56.74		.49
PATHOLOGY	111	742		8,196.11		11.05	.277	73.84		3.06
RADIOLOGY	73	148		11,953.84		80.77	.055	163.75		4.46
ROOM USE	82	154		6,506.62		42.25	.058	79.35		2.43
CROSSOVERS/ALL OTH OUTPINT	151	623		19,343.36		31.05	.233			7.22
@COUNTY HOSPITAL TOTAL	4	35	\$	41,942.39	Ś	1198.35		\$ 10485.60	Ś	15.66
CO HOSPITAL INPATIENT TOTAL		31	т.	41,912.00	т.	1352.00	.012		т	15.65
HSC HOSPITALS	1	31		41,912.00		1352.00	.012			15.65
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000			.00
ACCOMMODATIONS	0	0		.00		.00				.00
	0	0					.000			
ADMINISTRATIVE DAYS	-	0		.00		.00	.000			.00
TRANSITIONAL IP CARE	0	-		.00		.00	.000			.00
ALL OTHER ACCOM	0	0		.00		.00	.000			.00
ANCILLARIES	0	0		.00		.00	.000			.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000			.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	3	4		30.39		7.60	.001	10.13		.01
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000			.00
RADIOLOGY	0	Ō		.00		.00	.000			.00
ROOM USE	0	0		.00		.00	.000			.00
CROSSOVERS/ALL OTH OUTPTNT	3	4		30.39		7.60	.001			.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	TYDFNDTUII	RES MON		ם חם ז				D:	AGE 18,403
		TVE TINDI I OL	NIOM Cur.	TIT OF EWINDING RE	JE OK	I FOR UMN 200	UNDI F	DEC 2004	P1	
MOP024	FEE-FOR-SERVICE/DENTAL	NEDTO**	T V NIDD	DV DIGADIED						03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR	R MEDICAL	LLI NEE	DI - DISABLED				MONTHIY AVERA	CE	
								IVILLIANTE HILY AVERA	1 - H -	

2,678 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE			DEL	R UNIT/DAY	סקס קודר		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	342	2,513	\$	503,401.57	\$	200.32			1471.93		187.98
COMM HOSP INPATIENT TOTAL	67	281	7	437,988.25		1558.68	.105	-1	6537.14	-	163.55
HSC HOSPITALS	13	101		120,564.00		1193.70	.038		9274.15		45.02
NON-HSC HOSPITALS TOTAL	29	180		296,687.52		1648.26	.067		10230.60		110.79
ACCOMMODATIONS	29	180		92,728.00		515.16	.067		3197.52		34.63
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	29	180		92,728.00		515.16	.067		3197.52		34.63
ANCILLARIES	29	0		203,959.52		.00	.000		7033.09		76.16
INPATIENT CROSSOVERS	25	0		20,736.73		.00	.000		829.47		7.74
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	294	2,232		65,413.32		29.31	.833		222.49		24.43
MEDICAL	82	540		18,138.87		33.59	.202		221.21		6.77
SURGERY	23	29		1,304.91		45.00	.011		56.74		.49
PATHOLOGY	111	742		8,196.11		11.05	.277		73.84		3.06
RADIOLOGY	73	148		11,953.84		80.77	.055		163.75		4.46
ROOM USE	82	154		6,506.62		42.25	.058		79.35		2.43
CROSSOVERS/ALL OTH OUTPTNT		619		19,312.97		31.20	.231		129.62		7.21
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	75	2,235	\$	488,557.55	\$	218.59	.835	\$		\$	182.43
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	4	122		12,665.04		103.81	.046		3166.26		4.73
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	9	366		224,693.32		613.92	.137		24965.92		83.90
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	62	1,747	_	251,199.19		143.79	.652		4051.60		93.80
@INTERMEDIATE CARE FACILDD	48	1,462	\$	256,317.81	Ş	175.32		Ş	5339.95	Ş	95.71
ICF DDH	24	730		115,298.20		157.94	.273		4804.09		43.05
ICF DD	24	0 732		.00		.00	.000		.00		.00
ICF DDN/DDCN	34	3,140	\$	141,019.61 67,681.73	\$	192.65 21.55	.273 1.173	ċ	5875.82 1990.64	ċ	52.66 25.27
@HEMODIALYSIS TOTAL	0	3,140 0	Ş	.00	Ą	.00	.000	Ą	.00	Ą	.00
HOSPITAL BASED HEMODIALYSIS CENTER	34	3,140		67,681.73		21.55	1.173		1990.64		25.27
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	Ċ	.00	Ċ	.00
HOSPITAL BASED	0	0	Y	.00	Ÿ	.00	.000	Ÿ	.00	Y	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	105	510	\$	6,305.66	\$	12.36	.190	Ś	60.05	Ś	2.35
PATHOLOGY	105	510	Ψ.	6,305.66	Υ	12.36	.190	٧	60.05	7	2.35
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	573	1,105	\$	66,201.00	\$	59.91	.413	Ś	115.53	Ś	24.72
CLINIC	7	8		224.48		28.06	.003		32.07		.08
SURGICENTER	9	30		1,818.17		60.61	.011		202.02		.68
HEROIN DETOX CLINIC	1	8		111.49		13.94	.003		111.49		.04
RURAL HEALTH CLINIC				64,046.86		60.48					
#CALIF DEPT OF HEALTH SERV				MONTH-OF-PAYMENT R							AGE 18,404
MOP024	FEE-FOR-SERVICE	/DENTAL									03/14/05
YUBA COUNTY	SUMMARY OF SERV	ICES FOR MEDICAL	LY I	NEEDY - DISABLED							
							M	TNOI	HLY AVERA	GE	
2,678 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	ERAGE COST					COST PER
		OR DAYS OF CARE				R UNIT/DAY					ELIGIBLE
@ALL OTHER PROVIDERS	347	28,254	\$	61,196.01	\$	2.17		\$	176.36		
DURABLE MED. EQUIP.	16	33		4,178.62		126.62	.012		261.16		1.56
BLOOD BANK	0	0		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	5	6	284.52	47.42	2 .002	56.90	.11
MEDICAL TRANSPORTATION	51	867	8,435.09	9.73	3 .324	165.39	3.15
AMBULANCES/AIR TRANS	38	314	5,736.67	18.2	7 .117	150.97	2.14
OTHER TRANS	6	511	2,575.01	5.0	4 .191	429.17	.96
OTHER SERVICES	10	42	123.41	2.9	4 .016	12.34	.05
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	11	117	6,952.59	59.42	2 .044	632.05	2.60
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	59	137	1,498.86	10.9	4 .051	25.40	.56
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	4	4	2.11	.53	3 .001	.53	.00
PROSTHETIST/ORTHOTISTS	16	37	4,815.76	130.1	6 .014	300.99	1.80
PROSTHETICS	16	37	4,815.76	130.1	6 .014	300.99	1.80
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00		.00	.00
SPEECH AND AUDIOLOGY	20	76	2 <b>,</b> 637.91	34.7	.028	131.90	.99
HOSPICE SERVICES	8	129	14,322.95	111.03	.048	1790.37	5.35
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	12	2,718	5,913.38	2.18	3 1.015	492.78	2.21
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	177	24,130	12,154.22	.50	9.010	68.67	4.54
@CALIF. CHILDREN SERVICES*	8	13	\$ 1,158.12				·
@XOVER EXCLUDING STATE HOSP**	634	3 <b>,</b> 586	\$ 82 <b>,</b> 497.08	\$ 23.03	1.339	\$ 130.12	\$ 30.81

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>#</sup>CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,405 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

FEE-FOR-SERVICE/DENTAL

MOP024

					MON	THLY AVERAG	GE
67,194 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
	34,949 7,866 3,782 3,158 0 233	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	34,949	167,681 \$	10,835,052.35	\$ 64.62	2.495 \$		
@PHYSICIANS SERVICES	7,866	23,271 \$	999,118.46	\$ 42.93	.346 \$		
OUTPATIENT VISITS	3 <b>,</b> 782	5,037	199,617.68	39.63	.075	52.78	2.97
OFFICE VISITS	3 <b>,</b> 158	4,119	140,212.33	34.04	.061	44.40	2.09
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	233	257	14,295.68	55.63	.004	61.35	.21
PREVENTIVE CARE	1	1	37.39	37.39	.000	37.39	.00
OB VISITS/COMPRE PERI	337	537	41,671.96	77.60	.008	123.66	.62
OTHER OUTPATIENT	114 412	123	3,400.32	27.64	.002	29.83	.05
INPATIENT VISITS	412	1,221	83,978.34	68.78	.018	203.83	1.25
HOSPITAL VISITS	384	895	38 <b>,</b> 888.96	43.45	.013	101.27	.58
CRITICAL CARE	61	325	45,035.30	138.57	.005	738.28	.67
SNF/ICF/TRANS IP CARE	1	1	54.08	54.08	.000	54.08	.00
OPHTHALMOLOGICAL SERVICES	187	244	10,103.51	41.41	.004	54.03	.15
EXAMINATIONS	185	242	10,058.51	41.56	.004	54.37	.15
SERVICES AND MATERIALS	2	2	45.00	22.50	.000	22.50	.00
INPATIENT HOSPITAL SURGERY	532	2,430	302 <b>,</b> 177.75	124.35	.036	568.00	4.50
PRINCIPAL SURGEON	340	419	245,776.24	586.58	.006	722.87	3.66
ASSISTANT SURGEON	75	75	13,443.49	179.25	.001	179.25	.20
ANESTHESIOLOGIST	216	1,936	42,958.02	22.19	.029	198.88	.64
OUTPATIENT SURGERY	567	1,339	112,815.19	84.25	.020	198.97	1.68
PRINCIPAL SURGEON	485	654	95,305.66	145.73	.010	196.51	1.42
ASSISTANT SURGEON	8	8	1,000.19	125.02	.000	125.02	.01
ANESTHESIOLOGIST	126	677	16,509.34	24.39	.010	131.03	.25
DIALYSIS	3	21	869.50	41.40	.000	289.83	.01
PATHOLOGY	248 3,108	384	5,700.69	14.85	.006	22.99	.08
RADIOLOGY	3,108	4,900	174,272.75	35.57	.073	56.07	2.59
PSYCHIATRY	3	3	98.94	32.98	.000	32.98	.00
IMMUNIZATION AND INJECTION	177 1 <b>,</b> 468	528	8,332.48	15.78	.008	47.08	.12
OTHER SERVICES/ALL X-OVERS	1,468	7,164	101,151.63	14.12	.107	68.90	1.51
@PHARMACY	16,073	40,926 \$		\$ 58.96	.609 \$	150.13	\$ 35.91
PRESCRIPTION DRUGS	15,965	39,051	2,388,524.11	61.16	.581	149.61	35.55
SNF/ICF	1	1	29.33	29.33	.000	29.33	.00
OUTPATIENTS	15,964	39,050	2,388,494.78	61.17	.581	149.62	35.55
MEDICAL SUPPLIES	404	1 <b>,</b> 875	24,592.67	13.12	.028	60.87	.37
@DENTIST	404 2,884 1,962	14,577 \$		\$ 34.74	.217 \$		
VISITS - DIAGNOSTIC	1,962		130,851.51	14.31	.136	66.69	1.95
ORAL SURGERY	475	1,103	66,604.75	60.39	.016	140.22	.99
DRUGS	73	75	1,805.00	24.07	.001	24.73	.03
ANESTHESIA	1,962 475 73 41 92 222 982 16	52	4,106.00	78.96	.001	100.15	.06
PERIODONTICS	92	98	10,145.50	103.53	.001	110.28	.15
ENDODONTICS	222	512	67,583.50	132.00	.008	304.43	1.01
RESTORATIVE DENTISTRY	982	2,927	172,140.25	58.81	.044	175.30	2.56
PROSTHETICS	16	16	300.00	18.75	.000	18.75	.00
DENTURES, STAYPLATES	68	213	30,036.00	141.01	.003	441.71	.45
SPACE MAINTAINERS	19	25	3,040.00	121.60	.000	160.00	.05
MAXILLOFACIAL SERVICES	4	4	246.00	61.50	.000	61.50	.00
FRACTURES, DISLOCATIONS	1	1	800.00	800.00	.000	800.00	.01
ORTHODONTIC SERVICES	187	235	17,431.25	74.18	.003	93.22	.26
ALL OTHER SERVICES	118	170	1,275.00	7.50	.003	10.81	.02
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES MO					PAGE 18,406
MODO24	FFF-FOD-CFDVIC		01 1/11/11/11/11			2001	02/14/05

03/14/05

							M	ONT	HLY AVERA	GE	
67,194 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	715	2,065	\$		\$		.031	\$	63.30	\$	.67
DIAGNOSTIC AND ANC. PROCED	525	602		23,539.82		39.10	.009		44.84		.35
EYE APPLIANCES	525	1,459		21,538.16		14.76	.022		41.03		.32
OTHER OPTOMETRIC SERVICES	5	4		180.20		45.05	.000		36.04		.00
@CHIROPRACTOR	249	547	\$	8,857.42	\$	16.19	.008	\$	35.57	\$	.13
VISITS	249	547		8,857.42		16.19	.008		35.57		.13
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	8	10	\$	327.00	\$	32.70	.000	\$	40.88	\$	.00
MEDICINE/INJECTIONS	8	9		309.70		34.41	.000		38.71		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	1	1		17.30		17.30	.000		17.30		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	339	879	\$		\$		.013	\$	155.35	\$	.78
NURSE ANESTHESIST	21	223	\$			10.94	.003		116.22		.04
NURSE MIDWIFE	75	104	S		\$		.002		753.65		.84
PEDIATRIC NURSE PRACTITIONER	0	0	Ś		\$	.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	489	1,039	Ś		\$		.015		36.57		.27
@TOTAL HOSPITAL	5,466	26,614	Ś			165.88	.396		807.67		65.70
HOSP INPATIENT TOTAL	580	2,520	7	3,673,025.64		1457.55	.038	7	6332.80	4	54.66
HSC HOSPITALS	105	732		1,012,985.84		1383.86	.011		9647.48		15.08
NON-HSC HOSPITAL TOTAL	480	1,788		2,657,713.59		1486.42	.027		5536.90		39.55
ACCOMMODATIONS	480	1,788		806,466.73		451.04	.027		1680.14		12.00
ADMINISTRATIVE DAYS	1	31		6,870.84		221.64	.000		6870.84		.10
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	479	1,757		799,595.89		455.09	.026		1669.30		11.90
ANCILLARIES	478	0		1,851,246.86		.00	.000		3872.90		27.55
INPATIENT CROSSOVERS	4	0		2,326.21		.00	.000		581.55		.03
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	5 <b>,</b> 115	24,094		741,689.44		30.78	.359		145.00		11.04
MEDICAL	1,620	2,428		128,170.29		52.79	.036		79.12		1.91
SURGERY	468	570		32,172.44		56.44	.008		68.74		.48
PATHOLOGY	2,010	8 <b>,</b> 233		103,103.68		12.52	.123		51.30		1.53
RADIOLOGY	2,207	2,968		193,144.92		65.08	.044		87.51		2.87
ROOM USE	2,710	3,826		149,619.68		39.11	.057		55.21		2.23
CROSSOVERS/ALL OTH OUTPTNT	1,806	6,069		135,478.43		22.32	.090		75.02		2.02
@COUNTY HOSPITAL TOTAL	1,800	118	\$		Ċ	118.28	.002	Ċ	872.35	Ċ	.21
CO HOSPITAL INPATIENT TOTAL	3	9	Ÿ	10,650.02		1183.34	.002	Y	3550.01	Y	.16
HSC HOSPITALS	3	9		10,650.02		1183.34	.000		3550.01		.16
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0									
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	•	•		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	15	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL		109		3,307.54		30.34	.002		220.50		.05
MEDICAL	3	4		317.37		79.34	.000		105.79		.00
SURGERY	5	8		342.73		42.84	.000		68.55		.01
PATHOLOGY	6	50		719.20		14.38	.001		119.87		.01
RADIOLOGY	3 13	4 23		345.08		86.27	.000		115.03		.01
ROOM USE	13	23		1,304.95		56.74	.000		100.38		.02

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

YUBA COUNTY

03/14/05

MOP024	FEE-FOR-SERVICE/DENTAL
YUBA COUNTY	SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

YUBA COUNTY	SUMMARY OF SERVIC	ES FOR MEDICALLY	NEEDY - FAMILIES				
						NTHLY AVERA	-
67,194 ELIGIBLES		NITS OF SERVICE	EXPENDITURES				COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5,451	26,496 \$			.394		·
COMM HOSP INPATIENT TOTAL	577	2,511	3,662,375.62	1458.53	.037	6347.27	54.50
HSC HOSPITALS	102	723	1,002,335.82		.011	9826.82	14.92
NON-HSC HOSPITALS TOTAL	480	1,788	2,657,713.59		.027	5536.90	39.55
ACCOMMODATIONS	480	1 <b>,</b> 788	806,466.73		.027	1680.14	12.00
ADMINISTRATIVE DAYS	1	31	6,870.84	221.64	.000	6870.84	.10
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	479	1 <b>,</b> 757	799,595.89	455.09	.026	1669.30	11.90
ANCILLARIES	478	0	1,851,246.86	.00	.000	3872.90	27.55
INPATIENT CROSSOVERS	4	0	2,326.21	.00	.000	581.55	.03
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5,100	23,985	738,381.90	30.79	.357	144.78	10.99
MEDICAL	1,617	2,424	127,852.92		.036	79.07	1.90
SURGERY	463	562	31,829.71		.008	68.75	.47
PATHOLOGY	2,004	8,183	102,384.48	12.51	.122	51.09	1.52
RADIOLOGY	2,204	2,964	192,799.84		.044	87.48	2.87
ROOM USE	2,697	3,803	148,314.73		.057	54.99	2.21
CROSSOVERS/ALL OTH OUTPINT		6,049	135,200.22		.090	75.15	2.01
@STATE HOSPITAL	0	0 \$	.00			\$ .00	
MENTALLY ILL	0	0	.00		.000	.00	.00
DEVELOP. DISABLED	0	0	.00		.000	.00	.00
@NURSING FACILITY	1	7 \$				\$ 839.00	
LEV A-INTERMEDIATE	0	, ,	.00	·	.000	.00	.00
LEV A-INTERMEDIATE LEV B-REHAB MD	0	0	.00		.000	.00	.00
	· · · · · · · · · · · · · · · · · · ·	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00			.00	
LEV B-TRANSITIONAL IP CARE	0	7			.000		.00
LEV B-REGULAR	0		839.00		.000	839.00	.01
@INTERMEDIATE CARE FACILDD		- ·	.00				\$ .00
ICF DDH	0	0	.00		.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00		.000	.00	.00
@HEMODIALYSIS TOTAL	10	120 \$	•	•			\$ .19
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	10	120	12,479.46		.002	1247.95	.19
@REHABILITATION FACILITY	11	21 \$					\$ .01
HOSPITAL BASED	11	21	956.58		.000	86.96	.01
INDEPENDENT FACILITY	0	0	.00		.000	.00	.00
@LABORATORY FACILITY	2,923	9,805 \$	135,741.92		.146	\$ 46.44	\$ 2.02
PATHOLOGY	2,923	9,805	135,741.92		.146	46.44	2.02
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	13,495	22,934 \$	1,898,512.18	\$ 82.78	.341	\$ 140.68	\$ 28.25
CLINIC	570	2,143	50,203.87	23.43	.032	88.08	.75
SURGICENTER	52	256	10,606.70	41.43	.004	203.98	.16
HEROIN DETOX CLINIC	3	40	521.79		.001	173.93	.01
RURAL HEALTH CLINIC	12,963	20,495	1,837,179.82	89.64	.305	141.72	27.34
#CALIF DEPT OF HEALTH SERV			MONTH-OF-PAYMENT				PAGE 18,408
MOP024	FEE-FOR-SERVICE/D						03/14/05
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67,194 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	3,281	24,539	\$	269,254.09	\$ 10.97	.365	\$ 82.06	\$ 4.01
DURABLE MED. EQUIP.	198	437		30,040.09	68.74	.007	151.72	.45
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	8	12		943.12	78.59	.000	117.89	.01
MEDICAL TRANSPORTATION	390	4,444		85,296.11	19.19	.066	218.71	1.27
AMBULANCES/AIR TRANS	381	3 <b>,</b> 910		58 <b>,</b> 821.92	15.04	.058	154.39	.88
OTHER TRANS	6	512		3,420.18	6.68	.008	570.03	.05
OTHER SERVICES	20	22		23,054.01	1047.91	.000	1152.70	.34
ACUPUNCTURE	11	23		364.95	15.87	.000	33.18	.01
ADULT DAY HEALTH CARE CTR	1	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	102	102		10,710.00	105.00	.002	105.00	.16
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	608	1,319		12,416.21	9.41	.020	20.42	.18
PHYSICAL THERAPIST	32	230		3,390.55	14.74	.003	105.95	.05
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	60	109		12,306.55	112.90	.002	205.11	.18
PROSTHETICS	60	109		12,306.55	112.90	.002	205.11	.18
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	121	236		10,844.28	45.95	.004	89.62	.16
HOSPICE SERVICES	3	11		1,381.38	125.58	.000	460.46	.02
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,679	9 <b>,</b> 285		94,456.11	10.17	.138	56.26	1.41
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	150	8 <b>,</b> 331		7,104.74	.85	.124	47.36	.11
@CALIF. CHILDREN SERVICES*	171	5,384	\$	,	\$ 104.30	.080		•
@XOVER EXCLUDING STATE HOSP**	110	426	\$	,	\$ 40.68	.006	\$ 157.55	\$ .26

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,409
MOP024 FEE-FOR-SERVICE/DENTAL
YUBA COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

IODII COONII								
						MO	NTHLY AVERA	GE
74,414 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	42,236	345 <b>,</b> 988	\$	19,494,466.21	\$ 56.34	4.650	\$ 461.56	\$ 261.97
@PHYSICIANS SERVICES	9,343	28 <b>,</b> 962	\$	1,150,667.28	\$ 39.73	.389	\$ 123.16	\$ 15.46
OUTPATIENT VISITS	3 <b>,</b> 996	5 <b>,</b> 345		209,471.06	39.19	.072	52.42	2.81
OFFICE VISITS	3,338	4,376		148,506.39	33.94	.059	44.49	2.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	242	266		14,917.56	56.08	.004	61.64	.20
PREVENTIVE CARE	1	1		37.39	37.39	.000	37.39	.00
OB VISITS/COMPRE PERI	337	537		41,671.96	77.60	.007	123.66	.56
OTHER OUTPATIENT	143	165		4,337.76	26.29	.002	30.33	.06
INPATIENT VISITS	482	1,731		102,358.50	59.13	.023	212.36	1.38
HOSPITAL VISITS	431	1,180		50,106.11	42.46	.016	116.26	.67
CRITICAL CARE	71	376		49,555.75	131.80	.005	697.97	.67
SNF/ICF/TRANS IP CARE	21	175		2,696.64	15.41	.002	128.41	.04
OPHTHALMOLOGICAL SERVICES	222	288		11,632.44	40.39	.004	52.40	.16

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	220	286	11,587.44	40.52	.004	52.67	.16
SERVICES AND MATERIALS	2	2	45.00	22.50	.000	22.50	.00
INPATIENT HOSPITAL SURGERY	571	2,693	327,874.07	121.75	.036	574.21	4.41
PRINCIPAL SURGEON	370	486	265,962.40	547.25	.007	718.82	3.57
ASSISTANT SURGEON	82	82	14,950.17	182.32	.001	182.32	.20
ANESTHESIOLOGIST	231	2,125	46,961.50	22.10	.029	203.30	.63
OUTPATIENT SURGERY	620	1,451	126,142.26	86.93	.019	203.46	1.70
PRINCIPAL SURGEON	534	716	107,433.89	150.05	.010	201.19	1.44
ASSISTANT SURGEON	8	8	1,000.19	125.02	.000	125.02	.01
ANESTHESIOLOGIST	134	727	17,708.18	24.36	.010	132.15	.24
DIALYSIS	19	65	4,662.74	71.73	.001	245.41	.06
PATHOLOGY	279	491	9,646.01	19.65	.007	34.57	.13
RADIOLOGY	3,313	5,383	194,667.03	36.16	.072	58.76	2.62
PSYCHIATRY	3	3	98.94	32.98	.000	32.98	.00
IMMUNIZATION AND INJECTION	189	593	8,874.76	14.97	.008	46.96	.12
OTHER SERVICES/ALL X-OVERS	2,580	10,919	155,239.47	14.22	.147	60.17	2.09
@PHARMACY	21,600	101,098	\$ 4,883,024.10	\$ 48.30	1.359	\$ 226.07	\$ 65.62
PRESCRIPTION DRUGS	21,376	66,832	4,814,056.22	72.03	.898	225.21	64.69
SNF/ICF	1,300	11,182	667,046.71	59.65	.150	513.11	8.96
OUTPATIENTS	20,102	55 <b>,</b> 650	4,147,009.51	74.52	.748	206.30	55.73
MEDICAL SUPPLIES	910	34,266	68 <b>,</b> 967.88	2.01	.460	75.79	.93
@DENTIST	3,194	15,855	\$ 567,490.56	\$ 35.79	.213	\$ 177.67	\$ 7.63
VISITS - DIAGNOSTIC	2,166	9,897	140,076.26	14.15	.133	64.67	1.88
ORAL SURGERY	519	1,264	75,259.75	59.54	.017	145.01	1.01
DRUGS	73	75	1,805.00	24.07	.001	24.73	.02
ANESTHESIA	41	52	4,106.00	78.96	.001	100.15	.06
PERIODONTICS	105	113	11,662.50	103.21	.002	111.07	.16
ENDODONTICS	228	519	69,238.50	133.41	.007	303.68	.93
RESTORATIVE DENTISTRY	1,039	3,096	182,766.30	59.03	.042	175.91	2.46
PROSTHETICS	19	19	330.00	17.37	.000	17.37	.00
DENTURES, STAYPLATES	141	376	59,454.00	158.12	.005	421.66	.80
SPACE MAINTAINERS	19	25	3,040.00	121.60	.000	160.00	.04

MAXILLOFACIAL SERVICES	4	4	246.00	61.50	.000	61.50	.00
FRACTURES, DISLOCATIONS	1	1	800.00	800.00	.000	800.00	.01
ORTHODONTIC SERVICES	187	235	17,431.25	74.18	.003	93.22	.23
ALL OTHER SERVICES	130	179	1,275.00	7.12	.002	9.81	.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT REPOR	RT FOR JAN	2004 THRU	DEC 2004	PAGE 18,410
MOP024	FEE-FOR-SERVICE/DEN	ΓAL					03/14/05
YUBA COUNTY	SUMMARY OF SERVICES	FOR MEDICALLY	NEEDY - TOTAL				

IODA COUNTI	SOMMAN OF SERV	VICES FOR MEDICAL	ו דרו	NEEDI IOIAL			M		א משעות עדעי	CE	
74,414 ELIGIBLES	USERS	UNITS OF SERVICE	,	EXPENDITURES	7, 7, 7	ERAGE COST			COST PER	иGĽ	COST PER
/4,414 EDIGIDEES	OSEKS	OR DAYS OF CARE		EXFENDITORES		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	879	2,520	\$	54,088.83	PE \$		.034		61.53	ċ	.73
DIAGNOSTIC AND ANC. PROCED	572	658	۲	25,307.47	۲	38.46	.009	۲	44.24	۲	.73
EYE APPLIANCES	650	1,830		27,755.95		15.17	.009		44.24		.34
		•							37.98		
OTHER OPTOMETRIC SERVICES	27	32	Ċ	1,025.41	<u>_</u>	32.04	.000	<u>_</u>		_	.01
@CHIROPRACTOR	258	561	\$		\$		.008	Þ	34.92	Ş	.12
VISITS	250	548		8,874.14		16.19	.007		35.50		.12
OTHER SERVICES	8	13	_	134.28	_	10.33	.000	_	16.79	_	.00
@PODIATRIST	109	133	\$	•	\$	8.61	.002	Ş	10.50	Ş	.02
MEDICINE/INJECTIONS	8	9		309.70		34.41	.000		38.71		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	1	1		17.30		17.30	.000		17.30		.00
OTHER	101	123		817.58		6.65	.002		8.09		.01
@HOME HEALTH AGENCY	359	1,005	\$	61,550.66	\$	61.24	.014		171.45	\$	.83
NURSE ANESTHESIST	24	236	\$	2,616.32	\$	11.09	.003		109.01	\$	.04
NURSE MIDWIFE	75	104	\$	56 <b>,</b> 523.74	\$	543.50	.001		753.65	\$	.76
PEDIATRIC NURSE PRACTITIONER	0	0	\$		\$	.00	.000			\$	.00
FAMILY NURSE PRACTITIONER	492	1,044	\$	17,962.11	\$	17.21	.014		36.51	\$	.24
@TOTAL HOSPITAL	6 <b>,</b> 095	30,070	\$	5,094,005.97	\$	169.40	.404	\$	835.77	\$	68.45
HOSP INPATIENT TOTAL	740	2,859		4,259,664.89		1489.91	.038		5756.30		57.24
HSC HOSPITALS	121	872		1,185,055.99		1359.01	.012		9793.85		15.93
NON-HSC HOSPITAL TOTAL	514	1,987		2,983,187.78		1501.35	.027		5803.87		40.09
ACCOMMODATIONS	514	1,987		907,913.30		456.93	.027		1766.37		12.20
ADMINISTRATIVE DAYS	1	31		6,870.84		221.64	.000		6870.84		.09
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	513	1,956		901,042.46		460.66	.026		1756.42		12.11
ANCILLARIES	512	0		2,075,274.48		.00	.000		4053.27		27.89
INPATIENT CROSSOVERS	114	0		91,421.12		.00	.000		801.94		1.23
ALL OTHER INPATIENT	0	Õ		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	5,610	27,211		834,341.08		30.66	.366		148.72		11.21
MEDICAL	1,718	2,989		147,449.95		49.33	.040		85.83		1.98
SURGERY	495	604		33,739.45		55.86	.008		68.16		.45
PATHOLOGY	2,148	9,101		112,521.31		12.36	.122		52.38		1.51
RADIOLOGY	2,305	3,155		209,349.23		66.35	.042		90.82		2.81
ROOM USE	2,814	4,004		157,164.77		39.25	.054		55.85		2.11
CROSSOVERS/ALL OTH OUTPTNT		7,358		•		23.66	.099		82.52		2.34
@COUNTY HOSPITAL TOTAL	2,110	153	\$	174,116.37	ċ			Ċ		ċ	.75
		40	Ş		Ş	365.36 1314.05			2795.00	Þ	.75
CO HOSPITAL INPATIENT TOTAL	4			52,562.02			.001		13140.51		
HSC HOSPITALS	4 0	40		52,562.02		1314.05	.001		13140.51		.71
NON-HSC HOSPITALS TOTAL	U	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	18	113	3,337.93	29.54	.002	185.44	.04
MEDICAL	3	4	317.37	79.34	.000	105.79	.00
SURGERY	5	8	342.73	42.84	.000	68.55	.00
PATHOLOGY	6	50	719.20	14.38	.001	119.87	.01
RADIOLOGY	3	4	345.08	86.27	.000	115.03	.00
ROOM USE	13	23	1,304.95	56.74	.000	100.38	.02
CROSSOVERS/ALL OTH OUTPTNT	10	24	308.60	12.86	.000	30.86	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPOR	T FOR JAN	2004 THRU D	EC 2004	PAGE 18,411
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FO	OR MEDICALLY	NEEDY - TOTAL				

IODA COONII	SOMMAN OF SER	VICES FOR MEDICAL	TI 1/1	EDI IOIAL			M		HLY AVERA	CE	
74 414 BLIGIDIDG	HORDO	INTEG OF SERVICE			7 7 7 7 7	2200				UE	
74,414 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY				COST PER
		OR DAYS OF CARE					PER ELIG		USER	_	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6,077	29,917	\$	5,038,106.02	\$	168.40	.402	Ş		Ş	67.70
COMM HOSP INPATIENT TOTAL	736	2,819		4,207,102.87	-	1492.41	.038		5716.17		56.54
HSC HOSPITALS	117	832		1,132,493.97		1361.17	.011		9679.44		15.22
NON-HSC HOSPITALS TOTAL	514	1,987		2,983,187.78		1501.35	.027		5803.87		40.09
ACCOMMODATIONS	514	1,987		907,913.30		456.93	.027		1766.37		12.20
ADMINISTRATIVE DAYS	1	31		6,870.84		221.64	.000		6870.84		.09
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	513	1,956		901,042.46		460.66	.026		1756.42		12.11
ANCILLARIES	512	0		2,075,274.48		.00	.000		4053.27		27.89
INPATIENT CROSSOVERS	114	0		91,421.12		.00	.000		801.94		1.23
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	5,593	27,098		831,003.15		30.67	.364		148.58		11.17
MEDICAL	1,715	2,985		147,132.58		49.29	.040		85.79		1.98
SURGERY	490	596		33,396.72		56.03	.008		68.16		.45
PATHOLOGY	2,142	9,051		111,802.11		12.35	.122		52.20		1.50
RADIOLOGY	2,302	3,151		209,004.15		66.33	.042		90.79		2.81
ROOM USE	2,801	3,981		155,859.82		39.15	.053		55.64		2.09
CROSSOVERS/ALL OTH OUTPTNT		7,334		173,807.77		23.70	.099		82.73		2.34
@STATE HOSPITAL	2,101	233	\$		ċ	597.42		ċ	17399.72	ċ	1.87
MENTALLY ILL	8	233	۲	139,197.74	Ÿ	597.42	.003		17399.72	ې	1.87
DEVELOP. DISABLED	0	233		.00		.00	.003		.00		.00
	1,323		ċ		Ċ	113.52	.523	ċ		ċ	59.32
@NURSING FACILITY	1,323	38,889 0	\$	4,414,539.14	\$	.00	.000	Ş	.00	Ş	
LEV A-INTERMEDIATE	0	•		.00							.00
LEV B-REHAB MD	8	244		25,941.08		106.32	.003		3242.64		.35
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	9	366		224,693.32		613.92	.005		24965.92		3.02
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1,306	38 <b>,</b> 279		4,163,904.74		108.78	.514		3188.29		55.96
@INTERMEDIATE CARE FACILDD	48	1,462	\$			175.32		\$	5339.95	\$	3.44
ICF DDH	24	730		115,298.20		157.94	.010		4804.09		1.55
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	24	732		141,019.61		192.65	.010		5875.82		1.90
@HEMODIALYSIS TOTAL	109	3,338	\$	122,476.78	\$	36.69	.045	\$		\$	1.65
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	109	3,338		122,476.78		36.69	.045		1123.64		1.65
@REHABILITATION FACILITY	11	21	\$	956.58	\$	45.55	.000	\$	86.96	\$	.01
HOSPITAL BASED	11	21		956.58		45.55	.000		86.96		.01
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	3,070	10,473	\$	143,740.89	\$	13.72	.141	\$	46.82	\$	1.93
PATHOLOGY	3,062	10,460		143,575.04		13.73	.141		46.89		1.93
XO AND OTHERS	. 8	13		165.85		12.76	.000		20.73		.00
@ORGANIZED OUTPATIENT CLINIC	14,668	25,182	\$		\$	79.78	.338	\$	136.97	\$	27.00
CLINIC	578	2,153	•	50,516.81	•	23.46	.029		87.40		.68
		,		•							

17,161.57 SURGICENTER 77 335 51.23 .005 222.88 .23 HEROIN DETOX CLINIC 4 48 633.28 13.19 .001 158.32 .01 1,940,744.13 RURAL HEALTH CLINIC 14,111 22,646 85.70 .304 137.53 26.08 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 #CALIF DEPT OF HEALTH SERV PAGE 18,412 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

						MC	NTHLY AVERA	GE
74,414 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	4,278	84,802	\$	510,098.91	\$ 6.02	1.140	\$ 119.24	\$ 6.85
DURABLE MED. EQUIP.	249	541		45,970.35	84.97	.007	184.62	.62
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	36	42		5,439.08	129.50	.001	151.09	.07
MEDICAL TRANSPORTATION	567	18 <b>,</b> 767		152,236.93	8.11	.252	268.50	2.05
AMBULANCES/AIR TRANS	426	4,277		65 <b>,</b> 331.88	15.28	.057	153.36	.88
OTHER TRANS	113	14,319		63,355.33	4.42	.192	560.67	.85
OTHER SERVICES	54	171			137.72		436.11	.32
ACUPUNCTURE	11	23		364.95	15.87	.000	33.18	.00
ADULT DAY HEALTH CARE CTR	1	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	102	102		10,710.00	105.00	.001	105.00	.14
IHMC, MODEL-NF, NF, AIDS, MSSP	16	131		8,330.34	63.59	.002	520.65	.11
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	750	1,638		16,146.52	9.86	.022	21.53	.22
PHYSICAL THERAPIST	33	256		3,779.03	14.76	.003	114.52	.05
PORTABLE X-RAY	41	60		36.43	.61	.001	.89	.00
PROSTHETIST/ORTHOTISTS	83	162		17,399.88	107.41	.002	209.64	.23
PROSTHETICS	83	162		17,399.88	107.41	.002	209.64	.23
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1		20.31	20.31	.000	20.31	.00
SPEECH AND AUDIOLOGY	177	400		18,800.86	47.00	.005	106.22	.25
HOSPICE SERVICES	43	835		94,540.34	113.22	.011	2198.61	1.27
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1,692	12,004		100,378.28	8.36	.161	59.33	1.35
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	631	49,840		35,945.61	.72	.670	56.97	.48
@CALIF. CHILDREN SERVICES*	179		\$	562,685.64	\$ 104.26	.073	\$ 3143.50	\$ 7.56
@XOVER EXCLUDING STATE HOSP**	2,050	39,883	\$	450,719.06	\$ 11.30	.536	\$ 219.86	\$ 6.06
O+ MOMATO TAL MUDGO I TARGO ADD CTIV	TAT 70 7 OFF	DAME TATEODAGAMICAL IM	T 7 6 6	NTT 17 .				

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

YUBA COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,413
MOP024 FEE-FOR-SERVICE/DENTAL
YUBA COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

MONIMITY AVEDACE

						MON	THLY AVERA	GE
8,280 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	4,837	24,819	\$	1,002,686.47	\$ 40.40	2.997 \$	207.30	\$ 121.10
@PHYSICIANS SERVICES	852	2 <b>,</b> 189	\$	82 <b>,</b> 559.35	\$ 37.72	.264 \$	96.90	\$ 9.97
OUTPATIENT VISITS	476	617		24,675.99	39.99	.075	51.84	2.98
OFFICE VISITS	395	511		17,980.52	35.19	.062	45.52	2.17
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	40	42		2,213.61	52.71	.005	55.34	.27
PREVENTIVE CARE	1	1		43.85	43.85	.000	43.85	.01
OB VISITS/COMPRE PERI	31	41		3,790.65	92.45	.005	122.28	.46

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	18	22			647.36		29.43		.003		35.96		.08
INPATIENT VISITS	46	125			8,290.33		66.32		.015		180.22		1.00
HOSPITAL VISITS	4 4	103			5,067.21		49.20		.012		115.16		.61
CRITICAL CARE	2	22			3,223.12		146.51		.003		1611.56		.39
SNF/ICF/TRANS IP CARE	0	0			.00		.00		.000		.00		.00
OPHTHALMOLOGICAL SERVICES	32	41			1,732.49		42.26		.005		54.14		.21
EXAMINATIONS	31	40			1,712.49		42.81		.005		55.24		.21
SERVICES AND MATERIALS	1	1			20.00		20.00		.000		20.00		.00
INPATIENT HOSPITAL SURGERY	43	198			23,163.63		116.99		.024		538.69		2.80
PRINCIPAL SURGEON	25	29			17,756.01		612.28		.004		710.24		2.14
ASSISTANT SURGEON	8	8			1,106.99		138.37		.001		138.37		.13
ANESTHESIOLOGIST	19	161			4,300.63		26.71		.019		226.35		.52
OUTPATIENT SURGERY	51	127			7,157.29		56.36		.015		140.34		.86
PRINCIPAL SURGEON	46	60			5,574.46		92.91		.007		121.18		.67
ASSISTANT SURGEON	0	0			.00		.00		.000		.00		.00
ANESTHESIOLOGIST	12	67			1,582.83		23.62		.008		131.90		.19
DIALYSIS	0	0			.00		.00		.000		.00		.00
PATHOLOGY	31	50			336.88		6.74		.006		10.87		.04
RADIOLOGY	270	385			9,951.66		25.85		.046		36.86		1.20
PSYCHIATRY	0	0			.00		.00		.000		.00		.00
IMMUNIZATION AND INJECTION	11	16			491.09		30.69		.002		44.64		.06
OTHER SERVICES/ALL X-OVERS	108	630			6,759.99		10.73		.076		62.59		.82
@PHARMACY	2,041	7,311	\$		218,547.92	\$	29.89		.883	\$	107.08	\$	26.39
PRESCRIPTION DRUGS	2,035	4,299			212,058.79		49.33		.519		104.21		25.61
SNF/ICF	0	0			.00		.00		.000		.00		.00
OUTPATIENTS	2,035	4,299			212,058.79		49.33		.519		104.21		25.61
MEDICAL SUPPLIES	34	3,012			6,489.13		2.15		.364		190.86		.78
@DENTIST	317	1,744	\$		49,459.58	\$	28.36		.211	\$	156.02	\$	5.97
VISITS - DIAGNOSTIC	239	1,274			19,228.30		15.09		.154		80.45		2.32
ORAL SURGERY	36	54			4,507.14		83.47		.007		125.20		.54
DRUGS	13	17			323.75		19.04		.002		24.90		.04
ANESTHESIA	1	2			200.00		100.00		.000		200.00		.02
PERIODONTICS	0	0			.00		.00		.000		.00		.00
ENDODONTICS	15	25			3,716.00		148.64		.003		247.73		.45
RESTORATIVE DENTISTRY	111	313			15,254.80		48.74		.038		137.43		1.84
PROSTHETICS	0	0			.00		.00		.000		.00		.00
DENTURES, STAYPLATES	1	7			288.00		41.14		.001		288.00		.03
SPACE MAINTAINERS	1	2			.00		.00		.000		.00		.00
MAXILLOFACIAL SERVICES	1	3			3,541.59		1180.53		.000		3541.59		.43
FRACTURES, DISLOCATIONS	0	0			.00		.00		.000		.00		.00
ORTHODONTIC SERVICES	25	34			2,325.00		68.38		.004		93.00		.28
ALL OTHER SERVICES	9	13			75.00		5.77		.002		8.33		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUR	RES	M		EPOF		2004	THRU	DEC	2004	Р	AGE 18,414
MOP024	FEE-FOR-SERVICE/DE	NTAL											03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL

YUBA COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

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								MO	TNC	HLY AVERA	GΕ	
8,280 ELIGIBLES	USERS	UNITS OF	SERVIC	Ε	EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS	S (	COST PER		COST PER
		OR DAYS	OF CAR	Ε		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	80		236	\$	5,043.40	\$	21.37	.029	\$	63.04	\$	.61
DIAGNOSTIC AND ANC. PROCED	59		74		2,695.26		36.42	.009		45.68		.33
EYE APPLIANCES	54		157		2,232.71		14.22	.019		41.35		.27
OTHER OPTOMETRIC SERVICES	4		5		115.43		23.09	.001		28.86		.01
@CHIROPRACTOR	8		18	\$	296.78	\$	16.49	.002	\$	37.10	\$	.04
VISITS	8		18		296.78		16.49	.002		37.10		.04
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	18	34	\$ 1,754.03	\$ 51.59	.004	\$ 97.45	\$ .21
NURSE ANESTHESIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
NURSE MIDWIFE	4	9	\$ 2,394.96	\$ 266.11	.001	\$ 598.74	\$ .29
PEDIATRIC NURSE PRACTITIONER	1	1	\$ 108.80	\$ 108.80	.000	\$ 108.80	\$ .01
FAMILY NURSE PRACTITIONER	15	37	\$ 590.09	\$ 15.95	.004	\$ 39.34	\$ .07
@TOTAL HOSPITAL	547	2,351	\$ 305,492.17	\$ 129.94	.284	\$ 558.49	\$ 36.90
HOSP INPATIENT TOTAL	45	166	240,837.73	1450.83	.020	5351.95	29.09
HSC HOSPITALS	13	71	95,903.53	1350.75	.009	7377.19	11.58
NON-HSC HOSPITAL TOTAL	33	95	144,934.20	1525.62	.011	4391.95	17.50
ACCOMMODATIONS	33	95	51,493.64	542.04	.011	1560.41	6.22
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	33	95	51,493.64	542.04	.011	1560.41	6.22
ANCILLARIES	33	0	93,440.56	.00	.000	2831.53	11.29
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	514	2,185	64,654.44	29.59	.264	125.79	7.81
MEDICAL	178	266	14,694.05	55.24	.032	82.55	1.77
SURGERY	40	46	1,941.41	42.20	.006	48.54	.23
PATHOLOGY	220	885	12,057.46	13.62	.107	54.81	1.46
RADIOLOGY	228	275	14,448.62	52.54	.033	63.37	1.75
ROOM USE	291	373	14,210.25	38.10	.045	48.83	1.72
CROSSOVERS/ALL OTH OUTPTNT	144	340	7,302.65	21.48	.041	50.71	.88
@COUNTY HOSPITAL TOTAL	2	4	\$ 100.97	\$ 25.24	.000	\$ 50.49	\$ .01
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	4	100.97	25.24	.000	50.49	.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	2	39.90	19.95	.000	39.90	.00
ROOM USE	1	1	36.50	36.50	.000	36.50	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	24.57	24.57	.000	24.57	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MO	ONTH-OF-PAYMENT REPOR	T FOR JAN 20	04 THRU DE	C 2004	PAGE 18,415
MOP024	FEE-FOR-SERVICE/DENTA	\L					03/14/05
YUBA COUNTY	SUMMARY OF SERVICES E	OR MIC - NO SO	C 03 04 2A 45 4A 4K 4	м 5к 7т 82 8	BE 8W		
				-	MON	THLY AVERAG	E
8,280 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES AV	ERAGE COST U	NITS/DAYS	COST PER	COST PER
	0.00	3110 00 0350	D.T.	D	DED DITC	TTOED	DITCIPIE

					MC	NTHLY AVERA	.GE -	
8,280 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	С	OST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL	545	2,347	\$ 305,391.20	\$ 130.12	.283	\$ 560.35	\$	36.88
COMM HOSP INPATIENT TOTAL	45	166	240,837.73	1450.83	.020	5351.95		29.09
HSC HOSPITALS	13	71	95,903.53	1350.75	.009	7377.19		11.58
NON-HSC HOSPITALS TOTAL	33	95	144,934.20	1525.62	.011	4391.95		17.50
ACCOMMODATIONS	33	95	51,493.64	542.04	.011	1560.41		6.22
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	33	95	51,493.64	542.04	.011	1560.41		6.22
ANCILLARIES	33	0	93,440.56	.00	.000	2831.53		11.29
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	512	2,181	64,553.47	29.60	.263	126.08		7.80
MEDICAL	178	266	14,694.05	55.24	.032	82.55		1.77
SURGERY	40	46	1,941.41	42.20	.006	48.54		.23
PATHOLOGY	220	885	12,057.46	13.62	.107	54.81		1.46
RADIOLOGY	227	273	14,408.72	52.78	.033	63.47		1.74
ROOM USE	290	372	14,173.75	38.10	.045	48.88		1.71
CROSSOVERS/ALL OTH OUTPTNT	143	339	7,278.08	21.47	.041	50.90		.88
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$	.00
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	0	0	.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$ .00	\$ .00	.000	\$ .00	\$	.00
ICF DDH	0	0	.00	.00	.000	.00		.00
ICF DD	0	0	.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00		.00

INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	313	892	\$	11,632.94	\$	13.04	.108	\$	37.17	\$	1.40
PATHOLOGY	313	892		11,632.94		13.04	.108		37.17		1.40
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	2,187	3,469	\$	303,175.78	\$	87.40	.419	\$	138.63	\$	36.62
CLINIC	64	172		4,176.77		24.28	.021		65.26		.50
SURGICENTER	8	40		1,153.84		28.85	.005		144.23		.14
HEROIN DETOX CLINIC	2	23		291.42		12.67	.003		145.71		.04
RURAL HEALTH CLINIC	2,128	3,234		297 <b>,</b> 553.75		92.01	.391		139.83		35.94
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURE	ES MO	ONTH-OF-PAYMENT RE	EPORI	FOR JAN 20	04 THRU	DEC :	2004	P.	AGE 18,416
MOP024	FEE-FOR-SERVICE/D	ENTAL									03/14/05
YUBA COUNTY	SUMMARY OF SERVICE	ES FOR MIC - NO	) SO(	C 03 04 2A 45 4A 4	4K 4M	1 5K 7T 82 8	BE 8W				
								O 3 T FT T T		O =	

----- MONTHLY AVERAGE -----8,280 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,417 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 YUBA COUNTY SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

					MON	THLY AVERAC	近
44 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	87	471	\$ 71,320.90	\$ 151.42	10.705 \$	819.78	\$ 1620.93
@PHYSICIANS SERVICES	31	100	\$ 5,384.77	\$ 53.85	2.273 \$	173.70	\$ 122.38

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	5	5		311.94	62.39	.114	62.39		7.09
OFFICE VISITS	3	3		95.78	31.93	.068	31.93		2.18
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	2	2		216.16	108.08	.045	108.08		4.91
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
	5	9							
INPATIENT VISITS	5	9		500.87	55.65	.205	100.17		11.38
HOSPITAL VISITS	5	9		500.87	55.65	.205	100.17		11.38
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	7	35		2,008.98	57.40	.795	287.00		45.66
PRINCIPAL SURGEON	3	3		1,339.59	446.53	.068	446.53		30.45
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	4	32		669.39	20.92	.727	167.35		15.21
OUTPATIENT SURGERY	1	2		495.90	247.95	.045	495.90		11.27
	1	2		495.90	247.95		495.90		11.27
PRINCIPAL SURGEON	0	0				.045			
ASSISTANT SURGEON	7			.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	1	1		30.40	30.40	.023	30.40		.69
RADIOLOGY	18	44		1,803.21	40.98	1.000	100.18		40.98
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	3	4		233.47	58.37	.091	77.82		5.31
@PHARMACY	8	23	\$	1,361.77	\$ 59.21		\$ 170.22	Ś	30.95
PRESCRIPTION DRUGS	8	23		1,361.77	59.21	.523	170.22		30.95
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	8	23		1,361.77	59.21	.523	170.22		30.95
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00		.00
@DENTIST	12	59	\$	926.08	\$ 15.70		\$ 77.17	ċ	21.05
•			Ş		·		•	Ş	
VISITS - DIAGNOSTIC	7	43		91.00	2.12	.977	13.00		2.07
ORAL SURGERY	3	6		551.00	91.83	.136	183.67		12.52
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	3	7		284.08	40.58	.159	94.69		6.46
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	3	3		.00	.00		.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000			
	7	•	IDEC :					_	.00
#CALIF DEPT OF HEALTH SERV			IKES .	MONTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU D	EC 2004	P	AGE 18,418
MOP024	FEE-FOR-SERVICE								03/14/05
YUBA COUNTY	SUMMARY OF SERV	ICES FOR MIC -	SOC		AID CODE				
							NTHLY AVERA		
44 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS OF CAR	RΕ		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	1	1	\$	47.45	\$ 47.45	.023	\$ 47.45	\$	1.08
DIAGNOSTIC AND ANC. PROCED	1	1		47.45	47.45	.023	47.45		1.08

EYE APPLIANCES	0	0		.00		.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
VISITS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	0	Ō		.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00		\$ .00	Ś	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00		\$ .00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00		\$ .00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00		\$ .00	\$	.00
	0	0	۶ \$							
FAMILY NURSE PRACTITIONER	~			.00	\$	.00		•	\$	.00
@TOTAL HOSPITAL	28	194	\$	60,338.01	Ş	311.02				371.32
HOSP INPATIENT TOTAL	7	38		57,316.58		1508.33	.864	8188.08		302.65
HSC HOSPITALS	2	9		8,682.00		964.67	.205	4341.00		197.32
NON-HSC HOSPITAL TOTAL	5	29		48,634.58		1677.05	.659	9726.92		105.33
ACCOMMODATIONS	5	29		12,666.01		436.76	.659	2533.20		287.86
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	5	29		12,666.01		436.76	.659	2533.20		287.86
ANCILLARIES	5	0		35,968.57		.00	.000	7193.71		817.47
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	21	156		3,021.43		19.37	3.545	143.88		68.67
MEDICAL	14	18		696.70		38.71	.409	49.76		15.83
SURGERY	1	1		57.21		57.21	.023	57.21		1.30
PATHOLOGY	12	61		514.05		8.43	1.386	42.84		11.68
RADIOLOGY	12	14		696.68		49.76	.318	58.06		15.83
	16									
ROOM USE		21		659.84		31.42	.477	41.24		15.00
CROSSOVERS/ALL OTH OUTPTNT	13	41	Ċ	396.95	ć	9.68	.932	30.53	Ċ	9.02
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000		Þ	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	Ō		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	ū	BES MONTH		ב ס∩סי				DXC	E 18,419
		TAZE LINDII I O	NIONI OUNI.	n or evinent ki	DE OK.	T LOW OWN .	FOOT THEO D	EC 2004		
MOP024	FEE-FOR-SERVICE/DENTAL	O MTC	900			AID CODE	0.2			03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FO	Y MIC - 1	300			AID CODE		י ב שונות א דווחוו	~ E	
AA FITCIBLES	HOEDO HINTEO	TE CEDUTCI	c-	EADENDIMIDEC	74 7 7 7	EDACE COCE		NTHLY AVERA		

		OR DAYS OF CARE	1		PER UNIT/DAY	PER ELIG	USE	3	J	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	28	194	\$	60,338.01	\$ 311.02	4.409	\$ 2154	. 93	\$	1371.32
COMM HOSP INPATIENT TOTAL	7	38		57,316.58	1508.33	.864	8188	.08		1302.65
HSC HOSPITALS	2	9		8,682.00	964.67	.205	4341	.00		197.32
NON-HSC HOSPITALS TOTAL	5	29		48,634.58	1677.05	.659	9726	. 92		1105.33
ACCOMMODATIONS	5	29		12,666.01	436.76	.659	2533	.20		287.86
ADMINISTRATIVE DAYS	0	0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	5	29		12,666.01	436.76	.659	2533	.20		287.86
ANCILLARIES	5	0		35 <b>,</b> 968.57	.00	.000	7193	.71		817.47
INPATIENT CROSSOVERS	0	0		.00	.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	21	156		3,021.43	19.37	3.545	143	.88		68.67
MEDICAL	14	18		696.70	38.71	.409		.76		15.83
SURGERY	1	1		57.21	57.21	.023	57	.21		1.30
PATHOLOGY	12	61		514.05	8.43	1.386	42	.84		11.68
RADIOLOGY	12	14		696.68	49.76	.318	58	.06		15.83
ROOM USE	16	21		659.84	31.42	.477	41	.24		15.00
CROSSOVERS/ALL OTH OUTPTNT	13	41		396.95	9.68	.932	30	.53		9.02
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00	.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000		.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
LEV B-REGULAR	0	0		.00	.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$ .00	.000	•	.00	\$	.00
ICF DDH	0	0		.00	.00	.000		.00		.00
ICF DD	0	0		.00	.00	.000		.00		.00

ICF DDN/DDCN	0	0	.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0 \$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0 \$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	.00		.00	.000		.00		.00
@LABORATORY FACILITY	6	18 \$	293.87	\$	16.33	.409	\$	48.98	\$	6.68
PATHOLOGY	6	18	293.87		16.33	.409		48.98		6.68
XO AND OTHERS	0	0	.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	11	29 \$	2,503.17	\$	86.32	.659	\$	227.56	\$	56.89
CLINIC	2	3	70.06		23.35	.068		35.03		1.59
SURGICENTER	0	0	.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	11	26	2,433.11		93.58	.591		221.19		55.30
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND I	EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN 200	4 THRU	DEC	2004	PA	GE 18,420
MOP024	FEE-FOR-SERVICE/DENTAL									03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR	R MIC - SOC			AID CODE 83					

----- MONTHLY AVERAGE -----USERS 44 ELIGIBLES UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 93.16 \$ @ALL OTHER PROVIDERS 5 47 465.78 9.91 1.068 \$ 10.59 DURABLE MED. EQUIP. 0 .00 .00 .000 .00 .00 .00 .00 0 .00 .000 BLOOD BANK .00 HEARING AID DISPENSERS 0 .00 .00 .000 .00 .00 39 MEDICAL TRANSPORTATION 386.74 9.92 .886 128.91 8.79 386.74 9.92 128.91 AMBULANCES/AIR TRANS .886 8.79 .00 .00 .00 OTHER TRANS .000 .00 .00 OTHER SERVICES .00 .000 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00 .00 .00 ADULT DAY HEALTH CARE CTR .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .000 .00 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 16.64 8.32 .045 16.64 OPTICIAN PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 .00 .00 .000 .00 PROSTHETIST/ORTHOTISTS .00 .00 .00 .000 .00 .00 PROSTHETICS ORTHOTICS .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 PSYCHOLOGIST SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 .00 HOSPICE SERVICES .00 .000 .00 .00 .00 NONINST BIRTHING CENTERS .00 .000 .00 .00 LOCAL EDUCATION AGENCIES 62.40 10.40 .136 62.40 1.42 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 ALL OTHER PROVIDERS .00 .00 .00 .000 .00 .00 @CALIF. CHILDREN SERVICES\* .00 .00 .000 \$ .00 \$ .00 \$ .00 .000 \$ .00 \$ @XOVER EXCLUDING STATE HOSP\*\* .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>#</sup>CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

TODA COUNTY	DOIMMIN OF BEIN	TODO TON HEDICHED			101111	MC	тис	HLY AVERA	GE -	
8,324 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST					COST PER
		OR DAYS OF CARE			PER UNIT/DAY			USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	4,924 883 481		\$	1,074,007.37	\$ 42.47	3.038	\$	218.12		
@PHYSICIANS SERVICES	883		\$		\$ 38.42	.275	\$	99.60		10.57
OUTPATIENT VISITS	481	622		24,987.93	40.17	.075		51.95		3.00
OFFICE VISITS	398	514		18,076.30	35.17	.062		45.42		2.17
HOME VISITS	0	0		.00	.00	.000		.00		.00
EMERGENCY ROOM	42	44		2,429.77	55.22	.005		57.85		.29
PREVENTIVE CARE	1	1		43.85	43.85	.000		43.85		.01
OB VISITS/COMPRE PERI	31	41		3,790.65	92.45	.005		122.28		.46
OTHER OUTPATIENT	18	22		647.36	29.43	.003		35.96		.08
INPATIENT VISITS	51	134		8,791.20	65.61	.016		172.38		1.06
HOSPITAL VISITS	49	112		5,568.08	49.72	.013		113.63		.67
CRITICAL CARE	2	22		3,223.12	146.51	.003		1611.56		.39
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	32	41		1,732.49	42.26	.005		54.14		.21
EXAMINATIONS	31	40		1,712.49	42.20	.005		55.24		.21
	1									.00
SERVICES AND MATERIALS	50	1		20.00	20.00 108.04	.000		20.00		
INPATIENT HOSPITAL SURGERY		233		25,172.61		.028		503.45		3.02
PRINCIPAL SURGEON	28	32		19,095.60	596.74	.004		681.99		2.29
ASSISTANT SURGEON	8	8		1,106.99	138.37	.001		138.37		.13
ANESTHESIOLOGIST	23	193		4,970.02	25.75	.023		216.09		.60
OUTPATIENT SURGERY	52	129		7,653.19	59.33	.015		147.18		.92
PRINCIPAL SURGEON	47	62		6,070.36	97.91	.007		129.16		.73
ASSISTANT SURGEON	0	0		.00	.00	.000		.00		.00
ANESTHESIOLOGIST	12	67		1,582.83	23.62	.008		131.90		.19
DIALYSIS	0	0		.00	.00	.000		.00		.00
PATHOLOGY	32	51		367.28	7.20	.006		11.48		.04
RADIOLOGY	288	429		11,754.87	27.40	.052		40.82		1.41
PSYCHIATRY	0	0		.00	.00	.000		.00		.00
IMMUNIZATION AND INJECTION		16		491.09	30.69	.002		44.64		.06
OTHER SERVICES/ALL X-OVERS		634		6,993.46	11.03	.076		63.00		.84
@PHARMACY	2,049		\$		\$ 29.98	.881	\$		\$	26.42
PRESCRIPTION DRUGS	2,043	4,322		213,420.56	49.38	.519		104.46		25.64
SNF/ICF	0	0		.00	.00	.000		.00		.00
OUTPATIENTS	2,043	4,322		213,420.56	49.38	.519		104.46		25.64
MEDICAL SUPPLIES	34	3,012		6,489.13	2.15	.362		190.86		.78
@DENTIST	329	1,803	\$	50,385.66	\$ 27.95	.217	\$	153.15	\$	6.05
VISITS - DIAGNOSTIC	246	1,317		19,319.30	14.67	.158		78.53		2.32
ORAL SURGERY	39	60		5,058.14	84.30	.007		129.70		.61
DRUGS	13	17		323.75	19.04	.002		24.90		.04
ANESTHESIA	1	2		200.00	100.00	.000		200.00		.02
PERIODONTICS	0	0		.00	.00	.000		.00		.00
ENDODONTICS	15	25		3,716.00	148.64	.003		247.73		.45
RESTORATIVE DENTISTRY	114	320		15,538.88	48.56	.038		136.31		1.87
PROSTHETICS	0	0		.00	.00	.000		.00		.00
DENTURES, STAYPLATES	1	7		288.00	41.14	.001		288.00		.03
SPACE MAINTAINERS	_ 1	2		.00	.00	.000		.00		.00
MAXILLOFACIAL SERVICES	1	3		3,541.59	1180.53	.000		3541.59		.43
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000		.00		.00
ORTHODONTIC SERVICES	28	37		2,325.00	62.84	.004		83.04		.28
ALL OTHER SERVICES	9	13		75.00	5.77	.002		8.33		.01
#CALIF DEPT OF HEALTH SERV		TES AND EXPENDITURE	SM				)EC		P.	AGE 18.422

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,422 MOP024 FEE-FOR-SERVICE/DENTAL

03/14/05

							M	ONT	HLY AVERA	GE	
8,324 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PΕ	R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	81	237 \$	3	5,090.85	\$	21.48	.028	\$	62.85	\$	.61
DIAGNOSTIC AND ANC. PROCED	60	75		2,742.71		36.57	.009		45.71		.33
EYE APPLIANCES	54	157		2,232.71		14.22	.019		41.35		.27
OTHER OPTOMETRIC SERVICES	4	5		115.43		23.09	.001		28.86		.01
@CHIROPRACTOR	8	18 \$	3	296.78	\$	16.49	.002	\$	37.10	\$	.04
VISITS	8	18		296.78		16.49	.002		37.10		.04
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0 \$	3	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	18	34 \$	3		\$	51.59		\$	97.45	\$	.21
NURSE ANESTHESIST	0	0 \$	3	.00	\$	.00		\$	.00	\$	.00
NURSE MIDWIFE	4	9 \$	5	2,394.96	\$	266.11		\$	598.74	\$	.29
PEDIATRIC NURSE PRACTITIONER	1	1 \$	5	108.80	\$	108.80		\$	108.80	\$	.01
FAMILY NURSE PRACTITIONER	15	37	5	590.09	\$	15.95	.004		39.34	\$	.07
@TOTAL HOSPITAL	575	2 <b>,</b> 545		365,830.18	Ś	143.74		\$	636.23	\$	43.95
HOSP INPATIENT TOTAL	52	204		298,154.31	т.	1461.54	.025	7	5733.74	т.	35.82
HSC HOSPITALS	15	80		104,585.53		1307.32	.010		6972.37		12.56
NON-HSC HOSPITAL TOTAL	38	124		193,568.78		1561.04	.015		5093.92		23.25
ACCOMMODATIONS	38	124		64,159.65		517.42	.015		1688.41		7.71
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	38	124		64,159.65		517.42	.015		1688.41		7.71
ANCILLARIES	38	0		129,409.13		.00	.000		3405.50		15.55
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	535	2,341		67 <b>,</b> 675.87		28.91	.281		126.50		8.13
MEDICAL	192	284		15,390.75		54.19	.034		80.16		1.85
SURGERY	41	47		1,998.62		42.52	.006		48.75		.24
PATHOLOGY	232	946		12,571.51		13.29	.114		54.19		1.51
RADIOLOGY	240	289		15,145.30		52.41	.035		63.11		1.82
ROOM USE	307	394		14,870.09		37.74	.047		48.44		1.79
	157	381		7,699.60		20.21	.047		49.04		.92
CROSSOVERS/ALL OTH OUTPTNT	2	301 4 \$	,	100.97	\$	25.24	.000	ċ	50.49	\$	.01
@COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL	0	0	?	.00	Ą	.00	.000	Ą	.00	ې	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0									
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	•		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	· ·	•		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	2	4		100.97		25.24	.000		50.49		.01
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	1	2		39.90		19.95	.000		39.90		.00
ROOM USE	1	1		36.50		36.50	.000		36.50		.00

CROSSOVERS/ALL OTH OUTPTNT 1 1 1 24.57 24.57 .000 24.57 .000 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,423

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL

YUBA COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

10211 000111	COLUMN OF SERV	1020 1010 112210112		IVDIOLIVI OIIILDIK	101111		N	ו ייינא ריי	HLY AVERA	CE	
8,324 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE C				COST PER		COST PER
0,324 EDIGIDLES	OSEKS	OR DAYS OF CARE		EXFENDITORES	PER UNIT/				USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	573	2,541	\$	365,729.21	\$ 143.9		.305		638.27		43.94
COMM HOSP INPATIENT TOTAL	52	204	Ų	298,154.31	1461.5		.025	۲	5733.74	۲	35.82
	15	80		•							
HSC HOSPITALS				104,585.53	1307.3		.010		6972.37		12.56
NON-HSC HOSPITALS TOTAL	38	124		193,568.78	1561.0		.015		5093.92		23.25
ACCOMMODATIONS	38	124		64,159.65	517.4		.015		1688.41		7.71
ADMINISTRATIVE DAYS	0	0		.00	.0		.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00	.0		.000		.00		.00
ALL OTHER ACCOM	38	124		64,159.65	517.4		.015		1688.41		7.71
ANCILLARIES	38	0		129,409.13	.0		.000		3405.50		15.55
INPATIENT CROSSOVERS	0	0		.00	.0		.000		.00		.00
ALL OTHER INPATIENT	0	0		.00	.0	0	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	533	2,337		67 <b>,</b> 574.90	28.9		.281		126.78		8.12
MEDICAL	192	284		15,390.75	54.1	9	.034		80.16		1.85
SURGERY	41	47		1,998.62	42.5	2	.006		48.75		.24
PATHOLOGY	232	946		12,571.51	13.2	9	.114		54.19		1.51
RADIOLOGY	239	287		15,105.40	52.6	3	.034		63.20		1.81
ROOM USE	306	393		14,833.59	37.7		.047		48.48		1.78
CROSSOVERS/ALL OTH OUTPINT	156	380		7,675.03	20.2		.046		49.20		.92
@STATE HOSPITAL	0	0	\$	.00	\$ .0		.000	\$		\$	.00
MENTALLY ILL	0	0	Τ	.00	.0		.000	Τ	.00	т	.00
DEVELOP. DISABLED	0	0		.00	.0		.000		.00		.00
@NURSING FACILITY	0	0	Ś	.00	\$ .0		.000	\$		\$	.00
LEV A-INTERMEDIATE	0	0	Y	.00	.0		.000	Y	.00	Y	.00
LEV A INTERMEDIATE	0	0		.00	.0		.000		.00		.00
LEV B-KERAB MD  LEV B-SUBACUTE FREESTANDING	0	0		.00	.0		.000		.00		.00
	0	0		.00	.0		.000		.00		
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.0		.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0									
LEV B-REGULAR	0	0	ć	.00	.0		.000	Ċ	.00	<u>_</u>	.00
@INTERMEDIATE CARE FACILDD	0	•	\$	.00	\$ .0		.000	\$		\$	.00
ICF DDH		0		.00	.0		.000		.00		.00
ICF DD	0	0		.00	.0		.000		.00		.00
ICF DDN/DDCN	0	0	_	.00	.0		.000	_	.00	_	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .0		.000	\$		\$	.00
HOSPITAL BASED	0	0		.00	.0		.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00	.0		.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$ .0		.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00	.0		.000		.00		.00
INDEPENDENT FACILITY	0	0		.00	.0		.000		.00		.00
@LABORATORY FACILITY	319	910	\$	11,926.81	\$ 13.1		.109	\$	37.39	\$	1.43
PATHOLOGY	319	910		11,926.81	13.1	1	.109		37.39		1.43
XO AND OTHERS	0	0		.00	.0	0	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	2,198	3,498	\$	305,678.95	\$ 87.3	9	.420	\$	139.07	\$	36.72
CLINIC	66	175		4,246.83	24.2	7	.021		64.35		.51
SURGICENTER	8	40		1,153.84	28.8	5	.005		144.23		.14
HEROIN DETOX CLINIC	2	23		291.42	12.6	7	.003		145.71		.04
RURAL HEALTH CLINIC	2,139	3,260		299,986.86	92.0	2	.392		140.25		36.04
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITUR	ES MO					DEC		P	AGE 18,424
MOP024	FEE-FOR-SERVICE										03/14/05
YUBA COUNTY		ICES FOR MEDICAL	LY II	NDIGENT - CHILDRE	IN - TOTAL						, , 00
* * *											

8,324 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	1		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	241	6 <b>,</b> 575	\$	22,096.45	\$ 3.36	.790	91.69	\$ 2.65
DURABLE MED. EQUIP.	27	38		2,284.94	60.13	.005	84.63	.27
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	48	544		9,314.59	17.12	.065	194.05	1.12
AMBULANCES/AIR TRANS	48	543		7,514.59	13.84	.065	156.55	.90
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	1	1		1,800.00	1800.00	.000	1800.00	.22
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	12	12		1,260.00	105.00	.001	105.00	.15
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	58	123		1,125.26	9.15	.015	19.40	.14
PHYSICAL THERAPIST	1	2		21.04	10.52	.000	21.04	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	6	11		1,488.95	135.36	.001	248.16	.18
PROSTHETICS	6	11		1,488.95	135.36	.001	248.16	.18
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	17	39		1,522.30	39.03	.005	89.55	.18
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	64	335		3,679.42	10.98	.040	57.49	. 44
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	16	5,471		1,399.95	.26	.657	87.50	.17
@CALIF. CHILDREN SERVICES*	33	787	\$	86,771.79	\$ 110.26	.095	2629.45	\$ 10.42

----- MONTHLY AVERAGE -----

@XOVER EXCLUDING STATE HOSP\*\* 0 0 \$ .00 \$ .00 \$ .00

03/14/05

0\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,425

MOP024 FEE-FOR-SERVICE/DENTAL
YUBA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

YUBA COUNTY	SUMMARY OF SERV	ICES FOR MIA -	NO S	30C -	AID PAID PENDI	ING	AID CODE				C.E.	
00 ELICIDIES	USERS	UNITS OF SERVIC	יקי		EXPENDITURES	7 7 7 7 7	ACE COCE	MC				COCH DED
00 ELIGIBLES	USERS				EVLENDIIOKES			UNITS/DAYS	, (	COST PER		COST PER
	0	OR DAYS OF CAR			0.0		UNIT/DAY	PER ELIG	ċ	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$		.00	\$	.00		\$	.00	\$	.00
@PHYSICIANS SERVICES	0	0	\$		.00	\$	.00		\$	.00	\$	.00
OUTPATIENT VISITS	0	0			.00		.00	.000		.00		.00
OFFICE VISITS	0	0			.00		.00	.000		.00		.00
HOME VISITS	0	0			.00		.00	.000		.00		.00
EMERGENCY ROOM	Ü	0			.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0			.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0			.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0			.00		.00	.000		.00		.00
INPATIENT VISITS	0	0			.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0			.00		.00	.000		.00		.00
CRITICAL CARE	0	0			.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0			.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0			.00		.00	.000		.00		.00
EXAMINATIONS	0	0			.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0			.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00		.00
DIALYSIS	0	0			.00		.00	.000		.00		.00
PATHOLOGY	0	0			.00		.00	.000		.00		.00
RADIOLOGY	0	0			.00		.00	.000		.00		.00
PSYCHIATRY	0	0			.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0			.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0			.00		.00	.000		.00		.00
@PHARMACY	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
PRESCRIPTION DRUGS	0	0			.00		.00	.000		.00		.00
SNF/ICF	0	0			.00		.00	.000		.00		.00
OUTPATIENTS	0	0			.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0			.00		.00	.000		.00		.00
@DENTIST	0	0	\$		.00	Ś	.00		\$	.00	Ś	.00
VISITS - DIAGNOSTIC	0	0	-		.00	7	.00	.000	7	.00	7	.00
ORAL SURGERY	0	0			.00		.00	.000		.00		.00
DRUGS	0	0			.00		.00	.000		.00		.00
ANESTHESIA	0	n			.00		.00	.000		.00		.00
PERIODONTICS	0	n			.00		.00	.000		.00		.00
ENDODONTICS	0	0			.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0			.00		.00	.000		.00		.00
PROSTHETICS	0	n			.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0			.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0			.00		.00	.000		.00		.00
STACE LIVINITHEVS	U	U			.00		.00	.000		.00		.00

MAXILLOFACIAL SERVICES 0 0 .00 .00 .000 .00 .00 FRACTURES, DISLOCATIONS 0 0 .00 .00 .000 .00 .00 .00 .00 ORTHODONTIC SERVICES 0 0 .00 .000 .00 0 0 .00 .00 .00 ALL OTHER SERVICES .00 .000 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,426

03/14/05

FEE-FOR-SERVICE/DENTAL YUBA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

MOP024

10211 000111	SOURTH OF SERVICES	1011 11111 110	, 500	TILD TILLD THIND		IID CODE	Mo	тис	HLY AVERA	GE	
00 ELIGIBLES	USERS UNIT	S OF SERVICE		EXPENDITURES	AVERA	GE COST	UNITS/DAY		COST PER		COST PER
** ======		DAYS OF CARE					PER ELIG	_	USER		ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	·	.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00	·	.00	.000	•	.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU DE	CC 2004	PAGE 18,427
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FO	OR MTA - NO S	SOC - AID PAID PENDING	ATD CODE	7. 81		

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 0 0 .00 .00 .000 \$ .00 \$ .00 COMM HOSP INPATIENT TOTAL 0 .00 .00 .000 .00 .00 .00 .00 .00 HSC HOSPITALS .000 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 .00 .000 .00 TRANSITIONAL IP CARE .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 ANCILLARIES .00 .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 ALL OTHER INPATIENT .00 .000 .00 .00 COMM HOSP OUTPATIENT TOTAL .00 .00 .000 .00 .00 .000 MEDICAL .00 .00 .00 .00 .00 .00 SURGERY .00 .000 .00 .00 .00 .00 PATHOLOGY .000 .00 RADIOLOGY .00 .00 .000 .00 ROOM USE 0 .00 .00 .000 .00 .00 0 CROSSOVERS/ALL OTH OUTPINT .00 .00 .000 .00 .00 .00 \$ @STATE HOSPITAL .00 \$ .00 .000 \$ .00 MENTALLY ILL .00 .00 .000 .00 .00 DEVELOP. DISABLED .00 .00 .000 .00 .00 .00 .000 \$ .00 \$ @NURSING FACILITY LEV A-INTERMEDIATE .00 .00 .000 .00 .00 LEV B-REHAB MD 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 LEV B-SUBACUTE FREESTANDING .00 LEV B-SUBACUTE HSPTL BASED .00 .00 .000 .00 LEV B-TRANSITIONAL IP CARE .00 .00 .000 .00 .00 .00 .00 .000 .00 LEV B-REGULAR 0 @INTERMEDIATE CARE FACIL.-DD .00 .00 .000 \$ .00 \$ .00 .00 ICF DDH 0 .00 .000 .00 .00 .00 ICF DD .00 .000 .00 ICF DDN/DDCN 0 .00 .00 .000 .00 .00 .000 \$ @HEMODIALYSIS TOTAL .00 .00 .00 \$ . 00 .00 .00 .000 .00 HOSPITAL BASED HEMODIALYSIS CENTER 0 .00 .00 .000 .00 .00 Ω .00 .00 .000 \$ .00 \$ @REHABILITATION FACILITY . 00 .00 .00 .00 .000 HOSPITAL BASED INDEPENDENT FACILITY .00 .00 .000 .00 .00 .00 .00 \$ .00 .000 \$ **@LABORATORY FACILITY** . 00 .00 .00 .000 .00 .00 PATHOLOGY 0 XO AND OTHERS .00 .00 .000 .00 .00 .00 .00 \$ @ORGANIZED OUTPATIENT CLINIC .00 .000 \$ .00 CLINIC .00 .00 .000 .00 .00

SURGICENTER 0 0 .00 .00 .000 .00 .00 .00 HEROIN DETOX CLINIC 0 0 .00 .00 .000 .00 RURAL HEALTH CLINIC 0 Ω . 00 .00 . 0.00 .00 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,428 03/14/05 MOP024 FEE-FOR-SERVICE/DENTAL

YUBA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

IODA COUNTI	DOMINANT OF DELIVE	SED FOR MIN NO DOC	AID IAID IEMDI	ING AID CODE	01		
					MON'	THLY AVERAG	E
00 ELIGIBLES	USERS	JNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
0* TOTALS IN THESE LINES ARE	GIVEN AS A SEPARA	TE INFORMATION ITEM C	NT.Y:		·		

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,429
MOP024 FEE-FOR-SERVICE/DENTAL
YUBA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

----- MONTHLY AVERAGE -----227 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 359 1,996 \$ 172,115.40 86.23 8.793 \$ 479.43 \$ 758.22 133 Ś 68.85 1.621 \$ 190.49 \$ 111.61 @PHYSICIANS SERVICES 368 25,335.78 \$ .260 45 4,538.50 76.92 100.86 19.99 OUTPATIENT VISITS 59 .119 2.5 27 1,518.67 56.25 60.75 6.69 OFFICE VISITS Ο Ο .000 .00 .00 .00 .00 HOME VISITS 44.60 2 2 89.20 .009 44.60 EMERGENCY ROOM .39 .00 PREVENTIVE CARE 0 0 .000 .00 .00 OB VISITS/COMPRE PERI 20 30 2,930.63 97.69 .132 146.53 12.91

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0	.00		.00	.000	.00	.00
INPATIENT VISITS	13	24	960.38		40.02	.106	73.88	4.23
HOSPITAL VISITS	13	24	960.38		40.02	.106	73.88	4.23
CRITICAL CARE	0	0	.00		.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00		.00	.000	.00	.00
EXAMINATIONS	0	0	.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	22	154	13,392.72		86.97	.678	608.76	59.00
PRINCIPAL SURGEON	15	15	11,795.19	7	86.35	.066	786.35	51.96
ASSISTANT SURGEON	2	2	373.00	1	86.50	.009	186.50	1.64
ANESTHESIOLOGIST	6	137	1,224.53		8.94	.604	204.09	5.39
OUTPATIENT SURGERY	13	20	1,468.80		73.44	.088	112.98	6.47
PRINCIPAL SURGEON	13	17	1,341.70		78.92	.075	103.21	5.91
ASSISTANT SURGEON	0	0	.00		.00	.000	.00	.00
ANESTHESIOLOGIST	3	3	127.10		42.37	.013	42.37	.56
DIALYSIS	0	0	.00		.00	.000	.00	.00
PATHOLOGY	5	8	547.49		68.44	.035	109.50	2.41
RADIOLOGY	58	67	3,483.07		51.99	.295	60.05	15.34
PSYCHIATRY	0	0	.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	6	15	331.01		22.07	.066	55.17	1.46
OTHER SERVICES/ALL X-OVERS	14	21	613.81		29.23	.093	43.84	2.70
@PHARMACY	108	208	\$ 5,791.12	\$	27.84	.916	\$ 53.62	\$ 25.51
PRESCRIPTION DRUGS	108	208	5,791.12		27.84	.916	53.62	25.51
SNF/ICF	0	0	.00		.00	.000	.00	.00
OUTPATIENTS	108	208	5,791.12		27.84	.916	53.62	25.51
MEDICAL SUPPLIES	0	0	.00		.00	.000	.00	.00
@DENTIST	13	59	\$ 1,537.00	\$	26.05	.260	\$ 118.23	\$ 6.77
VISITS - DIAGNOSTIC	11	44	749.00		17.02	.194	68.09	3.30
ORAL SURGERY	3	5	353.00		70.60	.022	117.67	1.56
DRUGS	0	0	.00		.00	.000	.00	.00
ANESTHESIA	0	0	.00		.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	4	10	435.00	43.50	.044	108.75	1.92
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES MON	TH-OF-PAYMENT REPO	ORT FOR JAN 20	004 THRU DE	C 2004	PAGE 18,430
MOP024	FEE-FOR-SERVICE/DEN	TAL					03/14/05
YUBA COUNTY	SUMMARY OF SERVICES	FOR MIA - NO SOC	- PREGNANT	AID CODE 8	36		
				-	MON	THLY AVERAG	E
227 ELIGIBLES	USERS UNI	TS OF SERVICE	EXPENDITURES A	AVERAGE COST (	JNITS/DAYS	COST PER	COST PER
	OR	DAYS OF CARE	1	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	5	14 \$	270.90	\$ 19.35	.062 \$	54.18	\$ 1.19

227 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		ERAGE COST		S	COST PER	COST PER
		OR DAYS OF CARE		PΕ	R UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	5	14	\$ 270.90	\$	19.35	.062	\$	54.18	\$ 1.19
DIAGNOSTIC AND ANC. PROCED	3	5	142.35		28.47	.022		47.45	.63
EYE APPLIANCES	3	9	128.55		14.28	.040		42.85	.57
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00	.00
@CHIROPRACTOR	1	1	\$ 16.72	\$	16.72	.004	\$	16.72	\$ .07
VISITS	1	1	16.72		16.72	.004		16.72	.07
OTHER SERVICES	0	0	.00		.00	.000		.00	.00
@PODIATRIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$ .00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00	.00
SURGERY/ANES.	0	0	.00		.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00	.00
OTHER	0	0	.00		.00	.000		.00	.00
@HOME HEALTH AGENCY	13	27	\$ 1,458.22	\$	54.01	.119		112.17	\$ 6.42
NURSE ANESTHESIST	1	7	\$ 150.30	\$	21.47	.031		150.30	\$ .66
NURSE MIDWIFE	13	81	\$ 4,106.54	\$	50.70	.357			\$ 18.09
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000		.00	.00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000		.00	.00
@TOTAL HOSPITAL	148	791	\$ 113,680.54	\$	143.72	3.485	\$	768.11	\$ 500.80
HOSP INPATIENT TOTAL	24	79	96,499.10		1221.51	.348		4020.80	425.11
HSC HOSPITALS	2	4	4,761.02		1190.26	.018		2380.51	20.97
NON-HSC HOSPITAL TOTAL	22	75	91,738.08		1223.17	.330		4169.91	404.13
ACCOMMODATIONS	22	75	34,655.87		462.08	.330		1575.27	152.67
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00	.00
ALL OTHER ACCOM	22	75	34,655.87		462.08	.330		1575.27	152.67
ANCILLARIES	22	0	57,082.21		.00	.000		2594.65	251.46
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	132	712	17,181.44		24.13	3.137		130.16	75.69
MEDICAL	17	23	1,679.23		73.01	.101		98.78	7.40
SURGERY	4	4	122.12		30.53	.018		30.53	.54
PATHOLOGY	79	301	4,697.12		15.61	1.326		59.46	20.69
RADIOLOGY	38	40	2,405.17		60.13	.176		63.29	10.60
ROOM USE	56	96	3 <b>,</b> 078.77		32.07	.423		54.98	13.56
CROSSOVERS/ALL OTH OUTPINT	49	248	5,199.03		20.96	1.093		106.10	22.90
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$	.00	.000	\$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00		.00	.000		.00	.00
HSC HOSPITALS	0	0	.00		.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00	.00

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITU	JRES MC	NTH-OF-PAYMENT RI	EPORT FOR JAN	2004 THRU DE	EC 2004	P	AGE 18,431
MOP024	FEE-FOR-SERVIC	E/DENTAL							03/14/05
YUBA COUNTY	SUMMARY OF SER	VICES FOR MIA -	NO SOC	C - PREGNANT	AID COD	E 86			
						MON	THLY AVERA	GE	
227 ELIGIBLES	USERS	UNITS OF SERVIC	CE	EXPENDITURES	AVERAGE COS	T UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	RE		PER UNIT/DA	Y PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	148	791	\$	113,680.54	\$ 143.72	3.485	768.11	\$	500.80
COMM HOSP INPATIENT TOTAL	24	79		96,499.10	1221.51	.348	4020.80		425.11
HSC HOSPITALS	2	4		4,761.02	1190.26	.018	2380.51		20.97
NON-HSC HOSPITALS TOTAL	22	75		91,738.08	1223.17	.330	4169.91		404.13
ACCOMMODATIONS	22	75		34,655.87	462.08	.330	1575.27		152.67
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	22	75		34,655.87	462.08	.330	1575.27		152.67
ANCILLARIES	2.2	0		57,082.21	.00	.000	2594.65		251.46
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	132	712		17,181.44	24.13	3.137	130.16		75.69
MEDICAL	17	23		1,679.23	73.01	.101	98.78		7.40
SURGERY	4	4		122.12	30.53	.018	30.53		.54
PATHOLOGY	79	301		4,697.12	15.61	1.326	59.46		20.69
RADIOLOGY	38	40		2,405.17	60.13	.176	63.29		10.60
ROOM USE	56	96		3,078.77	32.07	.423	54.98		13.56
CROSSOVERS/ALL OTH OUTPINT	49	248		5,199.03	20.96	1.093	106.10		22.90
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000		Ś	.00
MENTALLY ILL	0	0	•	.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	Õ		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$		\$ .00	.000		Ś	.00
LEV A-INTERMEDIATE	0	0	т	.00	.00	.000	.00	т	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$ .00	.000		Ś	.00
ICF DDH	0	0	Y	.00	.00	.000	.00	Y	.00
ICE DDD	0	0		.00	.00	.000	.00		.00

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@HEMODIALYSIS TOTAL

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INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	70	231	\$	3 <b>,</b> 876.75	\$	16.78	1.018	Ś	55.38	\$	17.08
PATHOLOGY	70	231	'	3,876.75		16.78	1.018	•	55.38	'	17.08
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	75	181	\$	13,713.73	\$	75.77	.797	\$	182.85	\$	60.41
CLINIC	13	66	•	2,482.40	•	37.61	.291		190.95		10.94
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	64	115		11,231.33		97.66	.507		175.49		49.48
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	ES AND EXPENDITURE	ES MC		EPORT	FOR JAN 2		DEC :	2004	PA	GE 18,432
MOP024	FEE-FOR-SERVICE	C/DENTAL									03/14/05
YUBA COUNTY	SUMMARY OF SERV	ICES FOR MIA - NO	o soc	- PREGNANT		AID CODE	86				
							M	ONTH:	LY AVERA	GE -	
227 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S C	OST PER	С	OST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		LIGIBLE
@ALL OTHER PROVIDERS	24	28	\$	2,177.80	\$	77.78	.123	\$	90.74	\$	9.59
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	1	1		118.20		118.20	.004		118.20		.52
AMBULANCES/AIR TRANS	1	1		118.20		118.20	.004		118.20		.52
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	19	19		1,995.00		105.00	.084		105.00		8.79
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	4	8		64.60		8.08	.035		16.15		.28
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
ORTHOTICS	0	0		.00		.00	.000		.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000		.00		.00
HOSPICE SERVICES	0	0		.00		.00	.000		.00		.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000		.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	0	0		.00	_	.00	.000		.00		.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00

 $<sup>{\</sup>tt @*}$  TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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@XOVER EXCLUDING STATE HOSP\*\*

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,433 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

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						MON	THLY AVERA	GE ·	
227 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVER	AGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	359	1 <b>,</b> 996	\$ 172,115.40	\$	86.23	8.793	479.43	\$	758.22
@PHYSICIANS SERVICES	133	368	\$ 25,335.78	\$	68.85	1.621	190.49	\$	111.61

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	45	59		4,538.50	76.92	.260	100.86		19.99
OFFICE VISITS	25	27		1,518.67	56.25	.119	60.75		6.69
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	2	2		89.20	44.60	.009	44.60		.39
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	20	30		2,930.63	97.69	.132	146.53		12.91
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	13	24		960.38	40.02	.106	73.88		4.23
HOSPITAL VISITS	13	24		960.38	40.02	.106	73.88		4.23
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	22	154		13,392.72	86.97	.678	608.76		59.00
PRINCIPAL SURGEON	15	15		11,795.19	786.35	.066	786.35		51.96
ASSISTANT SURGEON	2	2		373.00	186.50	.009	186.50		1.64
ANESTHESIOLOGIST	6	137		1,224.53	8.94	.604	204.09		5.39
OUTPATIENT SURGERY	13 13	20 17		1,468.80	73.44	.088	112.98 103.21		6.47
PRINCIPAL SURGEON	0	0		1,341.70	78.92 .00	.075 .000			5.91 .00
ASSISTANT SURGEON ANESTHESIOLOGIST	0	3		.00 127.10	42.37	.013	.00 42.37		.56
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	5	8		547.49	68.44	.035	109.50		2.41
RADIOLOGY	58	67		3,483.07	51.99	.295	60.05		15.34
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	6	15		331.01	22.07	.066	55.17		1.46
OTHER SERVICES/ALL X-OVERS	14	21		613.81	29.23	.093	43.84		2.70
@PHARMACY	108	208	\$	5,791.12		.916 \$		Ś	25.51
PRESCRIPTION DRUGS	108	208	Τ	5,791.12	27.84	.916	53.62	т	25.51
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	108	208		5,791.12	27.84	.916	53.62		25.51
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00		.00
@DENTIST	13	59	\$	1,537.00	\$ 26.05	.260 \$		\$	6.77
VISITS - DIAGNOSTIC	11	44		749.00	17.02	.194	68.09		3.30
ORAL SURGERY	3	5		353.00	70.60	.022	117.67		1.56
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	4	10		435.00	43.50	.044	108.75		1.92
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES		0			.00		.00		
#CALIF DEPT OF HEALTH SERV			ES MC	NTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU DE	C 2004	Р	
	FEE-FOR-SERVICE/								03/14/05
YUBA COUNTY	SUMMARY OF SERVI	CES FOR MIA - N	o soc	- TOTAL				~-	
227 ELTCIDIES	HORDO	INTER OF CERTIFICE			ALTEDACE CCCT	MON			
227 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES					
A O D T O M E T D T C T	5	OR DAYS OF CARE		270 00	PER UNIT/DAY \$ 19.35				
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	3	14 5	Ÿ	142.35	28.47	.022	54.18 47.45		.63
DIAGNOSTIC AND ANC. PROCED	3	J		142.33	20.47	• 022	47.40		• 0 3

EYE APPLIANCES	3	9	128.55	14.28	.040	42.85	.57
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	1	1	\$ 16.72	\$ 16.72	.004	\$ 16.72	\$ .07
VISITS	1	1	16.72	16.72	.004	16.72	.07
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	13	27	\$ 1,458.22	\$ 54.01	.119	\$ 112.17	\$ 6.42
NURSE ANESTHESIST	1	7	\$ 150.30	\$ 21.47	.031	\$ 150.30	\$ .66
NURSE MIDWIFE	13	81	\$ 4,106.54	\$ 50.70	.357	\$ 315.89	\$ 18.09
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	148	791	\$	\$ 143.72	3.485	\$ 768.11	\$ 500.80
HOSP INPATIENT TOTAL	24	79	96,499.10	1221.51	.348	4020.80	425.11
HSC HOSPITALS	2	4	4,761.02	1190.26	.018	2380.51	20.97
NON-HSC HOSPITAL TOTAL	22	75	91,738.08	1223.17	.330	4169.91	404.13
ACCOMMODATIONS	22	75	34 <b>,</b> 655.87	462.08	.330	1575.27	152.67
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	22	75	34,655.87	462.08	.330	1575.27	152.67
ANCILLARIES	22	0	57 <b>,</b> 082.21	.00	.000	2594.65	251.46
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	132	712	17,181.44	24.13	3.137	130.16	75.69
MEDICAL	17	23	1,679.23	73.01	.101	98.78	7.40
SURGERY	4	4	122.12	30.53	.018	30.53	.54
PATHOLOGY	79	301	4,697.12	15.61	1.326	59.46	20.69
RADIOLOGY	38	40	2,405.17	60.13	.176	63.29	10.60
ROOM USE	56	96	3 <b>,</b> 078.77	32.07	.423	54.98	13.56

CROSSOVERS/ALL OTH OUTPTNT	49	248		5,199.03	20.96	1.093	106.10	22.90
@COUNTY HOSPITAL TOTAL	0	0	\$	.00 \$	.00	.000	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES .	AND EXPENDITUR	RES M	ONTH-OF-PAYMENT REPO	RT FOR JAN 2	2004 THRU DE	EC 2004	PAGE 18,435
MOP024	FEE-FOR-SERVICE/DE	NTAL						03/14/05
YUBA COUNTY	SUMMARY OF SERVICE	S FOR MIA - N	VO SO	C - TOTAL				

YUBA COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

IODII COONII	DOINTING OF BEIN	VICED FOR HIM NO D	500	1011111				
							NTHLY AVERA	
227 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			OST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	148	791 \$		113,680.54	\$ 143.72	3.485	•	\$ 500.80
COMM HOSP INPATIENT TOTAL	24	79		96,499.10	1221.51		4020.80	425.11
HSC HOSPITALS	2	4		-,	1190.26	.018	2380.51	20.97
NON-HSC HOSPITALS TOTAL	22	75		91,738.08	1223.17	.330	4169.91	404.13
ACCOMMODATIONS	22	75		34,655.87	462.08	.330	1575.27	152.67
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	22	75		34,655.87	462.08	.330	1575.27	152.67
ANCILLARIES	22	0		57,082.21	.00	.000	2594.65	251.46
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	132	712		17,181.44	24.13	3.137	130.16	75.69
MEDICAL	17	23		1,679.23	73.01	.101	98.78	7.40
SURGERY	4	4		122.12	30.53	.018	30.53	.54
PATHOLOGY	79	301		4,697.12	15.61	1.326	59.46	20.69
RADIOLOGY	38	40		2,405.17	60.13	.176	63.29	10.60
ROOM USE	56	96		3,078.77	32.07	.423	54.98	13.56
CROSSOVERS/ALL OTH OUTPTNT	49	248		5,199.03	20.96	1.093	106.10	22.90
@STATE HOSPITAL	0	0 \$		.00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$		.00	\$ .00	.000	\$ .00	\$ .00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$		.00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0	.00	)	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$ .00	) \$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	.00	)	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	.00	)	.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$ .00	) \$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	.00	)	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	.00	)	.00	.000		.00		.00
@LABORATORY FACILITY	70	231	\$ 3,876.75	5 \$	16.78	1.018	\$	55.38	\$	17.08
PATHOLOGY	70	231	3 <b>,</b> 876.75	5	16.78	1.018		55.38		17.08
XO AND OTHERS	0	0	.00	)	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	75	181	\$ 13,713.73	3 \$	75.77	.797	\$	182.85	\$	60.41
CLINIC	13	66	2,482.40	)	37.61	.291		190.95		10.94
SURGICENTER	0	0	.00	)	.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0	.00	)	.00	.000		.00		.00
RURAL HEALTH CLINIC	64	115	11,231.33	3	97.66	.507		175.49		49.48
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	S MONTH-OF-PAYMENT	REPORT	FOR JAN	2004 THRU	DEC	2004	PF	AGE 18,436
MOP024	FEE-FOR-SERVICE/DENTAL									03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FO	OR MIA - NO	SOC - TOTAL							

----- MONTHLY AVERAGE -----227 ELIGIBLES AVERAGE COST UNITS/DAYS COST PER USERS UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 9.59 @ALL OTHER PROVIDERS 24 28 2,177.80 77.78 .123 \$ 90.74 \$ DURABLE MED. EQUIP. 0 .00 .00 .000 .00 .00 0 .00 BLOOD BANK .00 .000 .00 .00 HEARING AID DISPENSERS .00 .00 .000 .00 .00 118.20 MEDICAL TRANSPORTATION 118.20 .004 118.20 .52 118.20 118.20 118.20 AMBULANCES/AIR TRANS .004 .52 .00 .00 OTHER TRANS .00 .000 .00 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING 19 1,995.00 105.00 .084 105.00 8.79 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 64.60 8.08 OPTICIAN .035 16.15 PHYSICAL THERAPIST .00 .00 .000 .00 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 .00 .00 PROSTHETIST/ORTHOTISTS .000 .00 .00 .00 .000 .00 PROSTHETICS .00 ORTHOTICS .00 .00 .000 .00 .00 .00 .00 .00 PSYCHOLOGIST .000 .00 .00 .000 .00 SPEECH AND AUDIOLOGY .00 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 .00 .00 NONINST BIRTHING CENTERS .000 LOCAL EDUCATION AGENCIES .00 .00 .000 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .00 .000 .00 .00 .00 RESPIRATORY CARE PRACT. .000 PED SUBACUTE REHAB/WEANING .00 .00 .00 .000 .00 ALL OTHER PROVIDERS .00 .00 .000 .00 .00 @CALIF. CHILDREN SERVICES\* .00 \$ .00 .00 \$ .000 \$ .00 .00 \$ @XOVER EXCLUDING STATE HOSP\*\* .00 .000 \$ .00 \$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>#</sup>CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

FEE-FOR-SERVICE/DENTAL

MOP024

03/14/05

YUBA COUNTY	SUMMARY OF SERV	/ICES FOR MIA - SOC - :	LTC	AID CODE	53		
					MON	THLY AVERA	GE
44 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	57	2,392 \$	266,371.60	\$ 111.36	54.364 \$		\$ 6053.90
@PHYSICIANS SERVICES	21	49 \$	1,779.11	\$ 36.31	1.114 \$		
OUTPATIENT VISITS	1	1	34.30	34.30	.023	34.30	.78
OFFICE VISITS	1	1	34.30	34.30	.023	34.30	.78
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	14	30	730.62				
INPATIENT VISITS	0	0		24.35	.682	52.19	16.61
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	ŭ	-	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	14	30	730.62	24.35	.682	52.19	16.61
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	U	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	3	71.13	23.71	.068	71.13	1.62
RADIOLOGY	7	10	880.53	88.05	.227	125.79	20.01
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	5	5	62.53	12.51	.114	12.51	1.42
@PHARMACY	42	506 \$	50,362.85	\$ 99.53	11.500 \$	1199.12	\$ 1144.61
PRESCRIPTION DRUGS	42	506	50,362.85	99.53	11.500	1199.12	1144.61
SNF/ICF	35	484	35,369.62	73.08	11.000	1010.56	803.86
OUTPATIENTS	16	22	14,993.23	681.51	.500	937.08	340.76
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	1	1 \$	25.00	\$ 25.00	.023 \$		
VISITS - DIAGNOSTIC	1	1	25.00	25.00	.023	25.00	.57
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
	•	U CES AND EXPENDITURES MO					PAGE 18,438
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC		NIII-OC-EAIMENI KI	LICKI FUK UAN	ZUU4 INKU DE	C 2004	PAGE 18,438

YUBA COUNTY	SUMMARY OF SERVICES	FOR	MIA - SC	)C -	LTC		AID CODE				~-	
								M				
44 ELIGIBLES			SERVICE		EXPENDITURES			UNITS/DAY				COST PER
		DAYS	OF CARE					PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	2		2	\$	86.89	\$	43.45	.045	\$	43.45	\$	1.97
DIAGNOSTIC AND ANC. PROCED	2		2		86.89		43.45	.045		43.45		1.97
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$	.00	\$	.00	.000	Ś	.00	\$	.00
NURSE ANESTHESIST	0		Ö	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0		Ö	Ś	.00	\$	.00		\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0		0	¢	.00	\$	.00	.000		.00	\$	.00
@TOTAL HOSPITAL	13		175	¢	2,516.78	Ś	14.38	3.977		193.60	Ś	57.20
HOSP INPATIENT TOTAL	0		0	Y	.00	Ÿ	.00	.000	Y	.00	Y	.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
	0											
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	ŭ				.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	Ü		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	13		175		2,516.78		14.38	3.977		193.60		57.20
MEDICAL	6		9		637.68		70.85	.205		106.28		14.49
SURGERY	1		1		28.85		28.85	.023		28.85		.66
PATHOLOGY	9		153		1,272.84		8.32	3.477		141.43		28.93
RADIOLOGY	4		4		324.96		81.24	.091		81.24		7.39
ROOM USE	4		4		137.95		34.49	.091		34.49		3.14
CROSSOVERS/ALL OTH OUTPINT	3		4		114.50		28.63	.091		38.17		2.60
@COUNTY HOSPITAL TOTAL	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		Ö		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		Ō		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		Ö		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		Õ		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
ROOM ODD	O .		O		• 0 0		• 0 0	.000		.00		• 0 0

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL
YUBA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - LTC AID CODE 53

10211 0001111	00111111111 01 0211	. 1020 1010 11111					1112 0022	14/	~ » T IT		C.E.	
4.4 BI TOTRI BO	HORDO	INITEO OF CERTIT	C.E.			70 77 77				HLY AVERA	-	
44 ELIGIBLES	USERS	UNITS OF SERVI		ΕX	PENDITURES			UNITS/DAYS		COST PER		COST PER
		OR DAYS OF CA					R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	13	175	\$		2,516.78	\$	14.38	3.977	\$	193.60	\$	57.20
COMM HOSP INPATIENT TOTAL	0	0			.00		.00	.000		.00		.00
HSC HOSPITALS	0	0			.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0			.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0			.00		.00	.000		.00		.00
ANCILLARIES	0	0			.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0			.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	13	175			2,516.78		14.38	3.977		193.60		57.20
MEDICAL	6	9			637.68		70.85	.205		106.28		14.49
SURGERY	1	1			28.85		28.85	.023		28.85		.66
PATHOLOGY	9	153			1,272.84		8.32	3.477		141.43		28.93
RADIOLOGY	4	4			324.96		81.24	.091		81.24		7.39
ROOM USE	4	4			137.95		34.49	.091		34.49		3.14
CROSSOVERS/ALL OTH OUTPTNT	3	4			114.50		28.63	.091		38.17		2.60
@STATE HOSPITAL	0	0	\$		.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0			.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0			.00		.00	.000		.00		.00
@NURSING FACILITY	40	1,451	\$		207,574.40	\$	143.06	32.977	\$	5189.36	\$	4717.60
LEV A-INTERMEDIATE	0	0			.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0			.00		.00	.000		.00		.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	40	1,451	20	7,574.40		143.06	32.977		5189.36		4717.60
@INTERMEDIATE CARE FACILDD	0	0 \$	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0 \$	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0 \$	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	15	51 \$	\$	444.71	\$	8.72	1.159	\$	29.65	\$	10.11
PATHOLOGY	15	51		444.71		8.72	1.159		29.65		10.11
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	3	24 \$	\$	2,141.76	\$	89.24	.545	\$	713.92	\$	48.68
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	3	24		2,141.76		89.24	.545		713.92		48.68
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURES	MONTH-OF-	PAYMENT :	REPORT	FOR JAN	2004 THRU	DEC	2004	P	AGE 18,440
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR	MIA - SOC	C - LTC			AID COD	E 53				
							N	TNON	HLY AVERA	GE	

----- MONTHLY AVERAGE -----EXPENDITURES AVERAGE COST UNITS/DAYS COST PER 44 ELIGIBLES USERS UNITS OF SERVICE COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 12 3.023 \$ 120.01 \$ 32.73 @ALL OTHER PROVIDERS 133 \$ 10.83 1,440.10 0 0 .00 .00 .00 DURABLE MED. EQUIP. .000 .00 .00 0 BLOOD BANK 0 .00 .00 .000 .00 .00 .00 0 HEARING AID DISPENSERS 0 .00 .000 .00 126.25 10 9.79 2.932 MEDICAL TRANSPORTATION 129 1,262.48 28.69 101 1,030.70 2.295 206.14 AMBULANCES/AIR TRANS 5 10.20 23.43 .636 38.63 OTHER TRANS 28 231.78 8.28 5.27 .00 .00 .00 .000 .00 OTHER SERVICES ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 OPTICIAN .00 PHYSICAL THERAPIST .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 .00 .00 PROSTHETIST/ORTHOTISTS .00 .000 PROSTHETICS .00 .00 .000 .00 .00 ORTHOTICS .00 .00 .000 .00 .00 .00 .00 .000 .00 PSYCHOLOGIST 177.62 44.41 SPEECH AND AUDIOLOGY .091 88.81 4.04 HOSPICE SERVICES .00 .00 .000 .00 .00 .00 .00 .00 NONINST BIRTHING CENTERS .000 .00 .00 .00 LOCAL EDUCATION AGENCIES .000 .00 .00 .00 .000 .00 . 00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .00 .000 RESPIRATORY CARE PRACT. .00 .00 PED SUBACUTE REHAB/WEANING .00 .000 .00 0 .00 .00 ALL OTHER PROVIDERS .000 .00 @CALIF. CHILDREN SERVICES\* .00 \$ .00 .000 \$ .00 \$ .00

@XOVER EXCLUDING STATE HOSP\*\* 0 0 \$ .00 \$

03/14/05

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,441 MOP024

FEE-FOR-SERVICE/DENTAL YUBA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

10211 000111	BOILING OF BERVE	IODO ION	11111	00	1100111111		TILD CODE	M	ЭМТ	HIY AVERA	GE.	
01 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVEF	RAGE COST	UNITS/DAY:		COST PER		COST PER
01 22101222	OBERO	OR DAYS					UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	OK DAID	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@PHYSICIANS SERVICES	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
OUTPATIENT VISITS	0		0	Y	.00	Y	.00	.000	Y	.00	Y	.00
OFFICE VISITS	0		0		.00		.00	.000		.00		.00
HOME VISITS	0		0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0		0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0		0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0		0		.00		.00	.000		.00		.00
INPATIENT VISITS	0		0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0		0		.00		.00	.000		.00		.00
CRITICAL CARE	0		0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00					.00		.00
	0		0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00			.00		.00
EXAMINATIONS	0		0					.000				
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	U		0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
DIALYSIS	U		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	U		0		.00		.00	.000		.00		.00
PSYCHIATRY	U		0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	U		0	<u> </u>	.00	<u> </u>	.00	.000	<u> </u>	.00	<u>^</u>	.00
@PHARMACY	U		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PRESCRIPTION DRUGS	0		0		.00		.00	.000		.00		.00
SNF/ICF	0		0		.00		.00	.000		.00		.00
OUTPATIENTS	0		0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0		0	_	.00	_	.00	.000	_	.00	_	.00
@DENTIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0		0		.00		.00	.000		.00		.00
ORAL SURGERY	0		0		.00		.00	.000		.00		.00
DRUGS	0		0		.00		.00	.000		.00		.00
ANESTHESIA	0		0		.00		.00	.000		.00		.00
PERIODONTICS	0		0		.00		.00	.000		.00		.00
ENDODONTICS	0		U		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0		0		.00		.00	.000		.00		.00
PROSTHETICS	0		0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0		0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0		0		.00		.00	.000		.00		.00

MAXILLOFACIAL SERVICES 0 0 .00 .00 .000 .00 .00 FRACTURES, DISLOCATIONS 0 0 .00 .00 .000 .00 .00 .00 ORTHODONTIC SERVICES 0 0 .00 .00 .000 .00 0 .00 .00 .00 ALL OTHER SERVICES 0 .00 .000 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,442

03/14/05

MOP024 FEE-FOR-SERVICE/DENTAL
YUBA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

YUBA COUNTY	SUMMARY OF SER	VICES FOR MIA - S	OC -	PREGNANT		AID CODE	8.7				
							MC	TNC	HLY AVERA	GΕ	
01 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	Ś	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0	Ψ	.00	Τ	.00	.000	~	.00	Τ.	.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
	•										
OTHER OPTOMETRIC SERVICES	0	0	_	.00	_	.00	.000	_	.00	_	.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00		\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00		\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00		\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$		\$	.00	.000	\$	.00	\$	.00
	0			.00							
NURSE MIDWIFE	•	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER		0	Ş	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
	0	•									
INPATIENT CROSSOVERS		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	Ś	.00		Ś	.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL	0	0	7	.00	т.	.00	.000	4	.00	т.	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
	0	0									
ADMINISTRATIVE DAYS	•	U		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU D	EC 2004	PAGE 18,443
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/05
YUBA COUNTY	SUMMARY OF SERVICES F	OR MIA - SOC	- PREGNANT	AID CODE	87		

YUBA COUNTY	SUMMARY OF SERV	ICES FOR M	IIA - S	SOC -	PREGNANT	AID	CODE	87				
								M	TNO	HLY AVERA	GΕ	
01 ELIGIBLES	USERS	UNITS OF S	SERVICE		EXPENDITURES	AVERAGE	COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS C	F CARE			PER UNI	T/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
COMM HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	Ō		0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	Ō		0	·	.00	•	.00	.000		.00	•	.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0		0	·	.00	•	.00	.000		.00	•	.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	Ō		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	0		0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0		0	·	.00	•	.00	.000		.00	•	.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$	.00	\$	.00	.000	Ś	.00	\$	.00
HOSPITAL BASED	0		Ö		.00	'	.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$	.00	\$	.00		\$	.00	\$	.00
HOSPITAL BASED	0		0	-	.00		.00	.000	7	.00	-	.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0		0	\$	.00	\$	.00		\$	.00	Ś	.00
PATHOLOGY	n		0	т	.00		.00	.000	т.	.00	т	.00
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0		0	\$	.00	Ś	.00	.000	\$	.00	Ś	.00
CLINIC	0		0	Τ.	.00	т	.00	.000	~	.00	7	.00
0211110	9		9		.00			• 0 0 0		• • • •		• 0 0

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 200	4 THRU DE	C 2004	PAGE 18,444
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/05
YUBA COUNTY	SUMMARY OF SERVICES F	OR MIA - SOC	- PREGNANT	AID CODE 87			

10211 0001111	001111111111111111111111111111111111111	. 1020 1010 11111 000		1112 0022	0 /		
					MON	THLY AVERAG	GE
01 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00

<sup>0\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,445 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 YUBA COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

					MO	ONTHLY AVERA	GE
45 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAY:	S COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	57	2,392	\$ 266,371.60	\$ 111.36	53.156		\$ 5919.37
@PHYSICIANS SERVICES	21	49	\$ 1,779.11	\$ 36.31	1.089	\$ 84.72	\$ 39.54
OUTPATIENT VISITS	1	1	34.30	34.30	.022	34.30	.76
OFFICE VISITS	1	1	34.30	34.30	.022	34.30	.76
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	14	30	730.62	24.35	.667	52.19	16.24
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	14	30	730.62	24.35	.667	52.19	16.24
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	3	71.13	23.71	.067	71.13	1.58
RADIOLOGY	7	10	880.53	88.05	.222	125.79	19.57
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	5	5	62.53	12.51	.111	12.51	1.39
@PHARMACY	42	506	\$	\$ 99.53	11.244	\$ 1199.12	\$ 1119.17
PRESCRIPTION DRUGS	42	506	50,362.85	99.53	11.244	1199.12	1119.17
SNF/ICF	35	484	35 <b>,</b> 369.62	73.08	10.756	1010.56	785.99
OUTPATIENTS	16	22	14,993.23	681.51	.489	937.08	333.18
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	1		\$ 25.00	\$ 25.00	.022		•
VISITS - DIAGNOSTIC	1	1	25.00	25.00	.022	25.00	.56
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU DE	C 2004	PAGE 18,446
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/05
YUBA COUNTY	SUMMARY OF SERVICES F	OR MIA - SOC	- TOTAL				

----- MONTHLY AVERAGE -----45 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER USER OR DAYS OF CARE PER UNIT/DAY PER ELIG ELIGIBLE @OPTOMETRIST 2 2 86.89 43.45 .044 \$ 43.45 \$ 1.93 DIAGNOSTIC AND ANC. PROCED 2 86.89 43.45 .044 43.45 1.93 EYE APPLIANCES 0 .00 .00 .000 .00 .00 .00 OTHER OPTOMETRIC SERVICES 0 .00 .00 .000 .00 @CHIROPRACTOR .00 .00 .000 \$ .00 \$ .00 VISITS .00 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 0 .00 .00 .00 @PODIATRIST .000 .00 MEDICINE/INJECTIONS 0 .00 .00 .000 .00 .00 0 SURGERY/ANES. .00 .00 .000 .00 .00 RADIO./PATHOLOGY .00 .00 .00 .00 .000 0 OTHER .00 .00 .000 .00 .00 .00 .00 @HOME HEALTH AGENCY .00 .000 .00 0 NURSE ANESTHESIST .00 .00 .000 .00 .00 .00 .00 NURSE MIDWIFE .00 .000 .00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 .00 0 FAMILY NURSE PRACTITIONER .00 .00 .000 .00 .00 @TOTAL HOSPITAL 2,516.78 14.38 3.889 193.60 55.93 .00 .00 .00 .000 .00 HOSP INPATIENT TOTAL HSC HOSPITALS 0 .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .00 .000 .00 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 ALL OTHER ACCOM .00 ANCILLARIES .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .00 .00 ALL OTHER INPATIENT .00 .000 .00 13 HOSP OUTPATIENT TOTAL 175 2,516.78 14.38 3.889 193.60 55.93 6 MEDICAL 9 637.68 70.85 .200 106.28 14.17 SURGERY 28.85 28.85 .022 28.85 .64 1,272.84 8.32 141.43 PATHOLOGY 153 3.400 28.29 RADIOLOGY 4 324.96 81.24 .089 81.24 7.22 34.49 ROOM USE 137.95 34.49 .089 3.07 114.50 28.63 38.17 2.54 CROSSOVERS/ALL OTH OUTPTNT .089 @COUNTY HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 CO HOSPITAL INPATIENT TOTAL .00 .00 HSC HOSPITALS .00 .000 .00 0 .00 NON-HSC HOSPITALS TOTAL .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU D	EC 2004	PAGE 18,447
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/05

SUMMARY OF SERVICES FOR MIA - SOC - TOTAL YUBA COUNTY

IOBA COUNTI	SUMMARI OF SER	VICES FOR MIA -	50C -	IOIAL			2.6	^ N.T.		C.E.	
45 51 53 51 53			_				M			-	
45 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		ERAGE COST	,	S	COST PER		COST PER
0.0000000000000000000000000000000000000	1.0	OR DAYS OF CAR		0 516 70		R UNIT/DAY		<u> </u>	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	13	175	\$	2,516.78	\$	14.38	3.889	\$	193.60	\$	55.93
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	13	175		2 <b>,</b> 516.78		14.38	3.889		193.60		55.93
MEDICAL	6	9		637.68		70.85	.200		106.28		14.17
SURGERY	1	1		28.85		28.85	.022		28.85		.64
PATHOLOGY	9	153		1,272.84		8.32	3.400		141.43		28.29
RADIOLOGY	4	4		324.96		81.24	.089		81.24		7.22
ROOM USE	4	4		137.95		34.49	.089		34.49		3.07
CROSSOVERS/ALL OTH OUTPTNT	3	4		114.50		28.63	.089		38.17		2.54
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	40	1,451	\$	207,574.40	\$	143.06	32.244	\$	5189.36	\$	4612.76
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	40	1,451		207,574.40		143.06	32.244		5189.36		4612.76
@INTERMEDIATE CARE FACILDD	0	, 0	\$	.00	Ś	.00	.000	Ś	.00	Ś	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	Ś	.00		\$	.00	\$	.00
HOSPITAL BASED	n	0	7	.00	т	.00	.000	т.	.00	т	.00
HEMODIALYSIS CENTER	n	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	Ś	.00	.000	\$	.00	Ś	.00
HOSPITAL BASED	0	0	٧	.00	Y	.00	.000	Y	.00	Y	.00
HOSTITAL DASED	O	U		.00		• 0 0	.000		.00		.00

INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	15	51	\$	444.71	\$	8.72	1.133	\$	29.65	\$	9.88
PATHOLOGY	15	51		444.71		8.72	1.133		29.65		9.88
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	3	24	\$	2,141.76	\$	89.24	.533	\$	713.92	\$	47.59
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	3	24		2,141.76		89.24	.533		713.92		47.59
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURE	S MONTH-OF-	PAYMENT F	REPORT	FOR JAN	2004 THRU	DEC	2004	P7	AGE 18,448
MOP024	FEE-FOR-SERVICE/DENT	AL									03/14/05
YUBA COUNTY	SUMMARY OF SERVICES	FOR MIA - SO	C - TOTAL								
							I	TON	HLY AVERA	GE -	

					MON	IITLI AVERAC	3E
45 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	12	133 \$	1,440.10	\$ 10.83	2.956 \$	120.01	\$ 32.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	10	129	1,262.48	9.79	2.867	126.25	28.06
AMBULANCES/AIR TRANS	5	101	1,030.70	10.20	2.244	206.14	22.90
OTHER TRANS	6	28	231.78	8.28	.622	38.63	5.15
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	4	177.62	44.41	.089	88.81	3.95
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,449
MOP024 FEE-FOR-SERVICE/DENTAL
YUBA COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

							MC	NTHLY AVER	AGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	Ε	EXPENDITURES	AVER	AGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	Ε		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00
@PHYSICIANS SERVICES	0	0	\$	.00	\$	.00	.000	\$ .00	\$	.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0	.00	.0	0 .000	.00	.00
@DENTIST	0	0 \$	.00	\$ .0	0 .000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.0	0 .000	.00	.00
ORAL SURGERY	0	0	.00	.0	0 .000	.00	.00
DRUGS	0	0	.00	.0	0 .000	.00	.00
ANESTHESIA	0	0	.00	.0	0 .000	.00	.00
PERIODONTICS	0	0	.00	.0	0 .000	.00	.00
ENDODONTICS	0	0	.00	.0	0 .000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.0	0 .000	.00	.00
PROSTHETICS	0	0	.00	.0	0 .000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.0	0 .000	.00	.00
SPACE MAINTAINERS	0	0	.00	.0	0 .000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.0	0 .000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.0	0 .000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.0	0 .000	.00	.00
ALL OTHER SERVICES	0	0	.00	.0	0 .000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR J.	AN 2004 THRU	DEC 2004	PAGE 18,450
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR	FOR FUTUR	E USE				

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 0 .00 .00 .000 \$ .00 \$ .00 0 0 .00 .00 .000 .00 DIAGNOSTIC AND ANC. PROCED .00 EYE APPLIANCES 0 .00 .00 .000 .00 .00 0 0 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 @CHIROPRACTOR .00 .00 .000 \$ .00 \$ .00 .00 .00 .00 .000 .00 VISITS 0 .00 .00 .00 OTHER SERVICES .000 .00 0 @PODIATRIST .00 .00 .000 \$ .00 \$ .00 0 .00 .00 MEDICINE/INJECTIONS .00 .000 .00 0 .00 .00 SURGERY/ANES. .00 .000 .00 0 RADIO./PATHOLOGY .00 .00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 0 .00 .00 .00 \$ .000 \$ .00 @HOME HEALTH AGENCY NURSE ANESTHESIST 0 .00 \$ .00 .000 \$ .00 \$ .00 NURSE MIDWIFE .00 \$ .00 .000 Ś .00 .00 .00 .00 .000 .00 .00 PEDIATRIC NURSE PRACTITIONER .00 FAMILY NURSE PRACTITIONER .00 .00 .000 .00 @TOTAL HOSPITAL .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 HOSP INPATIENT TOTAL 0 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 ACCOMMODATIONS .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 ANCILLARIES .00 .00 .000 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .00 .00 ALL OTHER INPATIENT .00 .000 .00 HOSP OUTPATIENT TOTAL .00 .00 .00 .000 .00 MEDICAL .00 .00 .000 .00 .00 .00 .00 SURGERY .00 .000 .00 0 .00 .00 PATHOLOGY .00 .000 .00 0 0 .00 .00 RADIOLOGY .00 .000 .00 ROOM USE .00 .00 .000 .00 .00

0	0	.00	.00	.000	.00	.00
0	0 \$	.00 \$	.00	.000	\$ .00	\$ .00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
MEDI-CAL SERVICES AND E	XPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU D	EC 2004	PAGE 18,451
FEE-FOR-SERVICE/DENTAL						03/14/05
SUMMARY OF SERVICES FOR	FOR FUTURE	USE				
				MC	NTHLY AVERAGI	Ε
	FEE-FOR-SERVICE/DENTAL	FEE-FOR-SERVICE/DENTAL	0 0 \$ .00 \$	0	0   \$   .00   \$   .00   .000	0 0 \$ .00 \$ .00 \$ .00 .00 \$ .00 .00 \$ .00

						NIHLI AVERA	GE	_
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PE	ΙR
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBL	ĿΕ
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .0	10
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.0	10
HSC HOSPITALS	0	0	.00	.00	.000	.00	.0	10
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.0	10
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.0	10
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.0	10
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.0	10
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.0	10
ANCILLARIES	0	0	.00	.00	.000	.00	.0	0 (
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.0	10
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.0	10
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.0	10
MEDICAL	0	0	.00	.00	.000	.00	.0	10
SURGERY	0	0	.00	.00	.000	.00	.0	10
PATHOLOGY	0	0	.00	.00	.000	.00	.0	10
RADIOLOGY	0	0	.00	.00	.000	.00	.0	10
ROOM USE	0	0	.00	.00	.000	.00	.0	10
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.0	10
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .0	10
MENTALLY ILL	0	0	.00	.00	.000	.00	.0	10
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.0	10
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .0	0 (
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.0	10
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.0	10
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.0	10
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.0	10
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.0	10
LEV B-REGULAR	0	0	.00	.00	.000	.00	.0	10
@INTERMEDIATE CARE FACILDD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .0	0 (
ICF DDH	0	0	.00	.00	.000	.00	.0	0 (
ICF DD	0	0	.00	.00	.000	.00	.0	0

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR	ES MONTH	-OF-PAYMENT	REPORT	FOR JAN 2	004 THRU	DEC	2004	PAG	E 18,452
MOP024	FEE-FOR-SERVICE/DENTA	AL									03/14/05
YUBA COUNTY	SUMMARY OF SERVICES H	FOR FOR FUT	URE USE								

10211 000111					MON'	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
CO ELICIBEE	00210	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>#</sup>CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

IODII COONII	DOINTING OF BEIN	TODO FOR FIDDICALL		INDIGENI MEGETS	10	11111	M	$\cap$ NIT	HLY AVERA	CE		
272 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7\ \ 7.	ERAGE COST			COST PER	GE	COST PER	
		OR DAYS OF CARE		EXPENDITORES		R UNIT/DAY			USER		ELIGIBLE	
GEORGI ALL DROUTDERS	416 154 46 26		\$	130 107 00								
@TOTAL, ALL PROVIDERS	410	4,388	ş S	438,487.00	\$ \$	99.93 65.02	16.132 1.533		1054.06 176.07			
@PHYSICIANS SERVICES	154	417	Þ	27,114.89	Ş			Þ		Ş	99.69	
OUTPATIENT VISITS	46	60		4,572.80		76.21	.221		99.41		16.81	
OFFICE VISITS	26	28		1,552.97		55.46	.103		59.73		5.71	
HOME VISITS	0	0		.00		.00	.000		.00		.00	
EMERGENCY ROOM	2	2		89.20		44.60	.007		44.60		.33	
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00	
OB VISITS/COMPRE PERI	20	30		2,930.63		97.69	.110		146.53		10.77	
OTHER OUTPATIENT	0 27 13	0		.00		.00	.000		.00		.00	
INPATIENT VISITS	27	54		1,691.00		31.31	.199		62.63		6.22	
HOSPITAL VISITS	13	24		960.38		40.02	.088		73.88		3.53	
CRITICAL CARE	U	0		.00		.00	.000		.00		.00	
SNF/ICF/TRANS IP CARE	14	30		730.62		24.35	.110		52.19		2.69	
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00	
EXAMINATIONS	0	0		.00		.00	.000		.00		.00	
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00	
INPATIENT HOSPITAL SURGERY	22	154		13,392.72 11,795.19		86.97	.566		608.76		49.24	
PRINCIPAL SURGEON	15	15		11,795.19		786.35	.055		786.35		43.36	
ASSISTANT SURGEON	2	2		373.00		186.50	.007		186.50		1.37	
ANESTHESIOLOGIST	6	137		1,224.53		8.94	.504		204.09		4.50	
OUTPATIENT SURGERY	13	20		1,468.80		73.44	.074		112.98		5.40	
PRINCIPAL SURGEON	13	17		1,341.70		78.92	.063		103.21		4.93	
		0		.00		.00	.000		.00		.00	
ANESTHESIOLOGIST	3	3		127.10		42.37	.011		42.37		.47	
DIALYSIS	0 3 0 6 65	0		.00		.00	.000		.00		.00	
PATHOLOGY	6	11		618.62		56.24	.040		103.10		2.27	
RADIOLOGY	65	77		4,363.60		56.67	.283		67.13		16.04	
PSYCHIATRY	0	0		.00		.00	.000		.00		.00	
IMMUNIZATION AND INJECTION	6	15		331.01		22.07	.055		55.17		1.22	
OTHER SERVICES/ALL X-OVERS	19	26		676.34		26.01	.096		35.60		2.49	
	150		Ś		ć			ċ		Ċ		
@PHARMACY		714	Þ	56,153.97	Ş		2.625	Þ		Ş		
PRESCRIPTION DRUGS	150	714		56,153.97		78.65	2.625		374.36		206.45	
SNF/ICF	35 124	484		35,369.62		73.08	1.779		1010.56		130.04	
OUTPATIENTS	124	230		20,784.35		90.37	.846		167.62		76.41	
MEDICAL SUPPLIES	0	0	_	.00	_	.00	.000	_	.00	_	.00	
@DENTIST	14	60	Ş	,	\$	26.03	.221	Ş	111.57	Ş	5.74	
VISITS - DIAGNOSTIC	12	45		774.00		17.20	.165		64.50		2.85	
ORAL SURGERY	3	5		353.00		70.60	.018		117.67		1.30	
DRUGS	0	0		.00		.00	.000		.00		.00	
ANESTHESIA	0	0		.00		.00	.000		.00		.00	
PERIODONTICS	0	0		.00		.00	.000		.00		.00	
ENDODONTICS	0	0		.00		.00	.000		.00		.00	
RESTORATIVE DENTISTRY	4	10		435.00		43.50	.037		108.75		1.60	
PROSTHETICS	0	0		.00		.00	.000		.00		.00	
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00	
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00	
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00	
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00	
ALL OTHER SERVICES	Ő	0		.00		.00	.000		.00		.00	
#CALIF DEPT OF HEALTH SERV	· · · · · · · · · · · · · · · · · · ·	•	ī.S	MONTH-OF-PAYMENT RE	ZPOR'			DF.C		F	PAGE 18,454	
MODO24	FFF-FOR-CERVICE									_	02/11/05	

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

03/14/05

IODA COONII	DOMMANT OF BENV.	ICED FOR	пиртский	I INDIC	JENI ADOLIS	10	IAH				~-	
										HLY AVERA	GΕ	
272 ELIGIBLES	USERS	UNITS OF	-		EXPENDITURES			UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARE			PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	7		16	\$	357.79	\$	22.36	.059	\$	51.11	\$	1.32
DIAGNOSTIC AND ANC. PROCED	5		7		229.24		32.75	.026		45.85		.84
EYE APPLIANCES	3		9		128.55		14.28	.033		42.85		.47
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	1		1 :	\$	16.72	\$	16.72	.004	\$	16.72	\$	.06
VISITS	1		1		16.72		16.72	.004		16.72		.06
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0 :	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	13		27	\$	1,458.22	\$	54.01	.099	\$	112.17	\$	5.36
NURSE ANESTHESIST	1		7 :	\$	150.30	\$	21.47	.026	\$	150.30	\$	.55
NURSE MIDWIFE	13		81	\$	4,106.54	\$	50.70	.298	\$	315.89	\$	15.10
PEDIATRIC NURSE PRACTITIONER	0		0 :	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	161		966	\$	116,197.32	\$	120.29	3.551	\$	721.72	\$	427.20
HOSP INPATIENT TOTAL	24		79		96,499.10		1221.51	.290		4020.80		354.78
HSC HOSPITALS	2		4		4,761.02		1190.26	.015		2380.51		17.50
NON-HSC HOSPITAL TOTAL	22		75		91,738.08		1223.17	.276		4169.91		337.27
ACCOMMODATIONS	22		75		34,655.87		462.08	.276		1575.27		127.41
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	22		75		34,655.87		462.08	.276		1575.27		127.41
ANCILLARIES	22		0		57,082.21		.00	.000		2594.65		209.86
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00

145	887		19 <b>,</b> 698.22		22.21	3.261	135.85	5	72.42
23	32		2,316.91		72.40	.118	100.74	1	8.52
5	5		150.97		30.19	.018	30.19	9	.56
88	454		5 <b>,</b> 969.96		13.15	1.669	67.84	1	21.95
42	44		2,730.13		62.05	.162	65.00	)	10.04
60	100		3,216.72		32.17	.368	53.61	L	11.83
52	252		5,313.53		21.09	.926	102.18	3	19.54
0	0	\$	.00	\$	.00	.000	\$ .00	) \$	.00
0	0		.00		.00	.000	.00	)	.00
0	0		.00		.00	.000	.00	)	.00
0	0		.00		.00	.000	.00	)	.00
0	0		.00		.00	.000	.00	)	.00
0	0		.00		.00	.000	.00	)	.00
0	0		.00		.00	.000	.00	)	.00
0	0		.00		.00	.000	.00	)	.00
0	0		.00		.00	.000	.00	)	.00
0	0		.00		.00	.000	.00	)	.00
0	0		.00		.00	.000	.00	)	.00
0	0		.00		.00	.000	.00	)	.00
0	0		.00		.00	.000	.00	)	.00
0	0		.00		.00	.000	.00	)	.00
0	0		.00		.00	.000	.00	)	.00
0	0		.00		.00	.000	.00	)	.00
0	0		.00		.00	.000			.00
0	0		.00		.00	.000	.00	)	.00
		RES	MONTH-OF-PAYMENT RE	EPORT	FOR JAN	2004 THRU	DEC 2004		PAGE 18,455
FEE-FOR-SERVICE/DENTA	L								03/14/05
	23 5 88 42 60 52 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	23	23 32 5 888 454 42 44 600 100 52 252 0 0 0 \$ 0	23 32 2,316.91 5 5 5 150.97 88 454 5,969.96 42 44 2,730.13 60 100 3,216.72 52 252 5,313.53 0 0 0 \$ .00 0 0 0 0	23 32 2,316.91 5 5 5 150.97 88 454 5,969.96 42 44 2,730.13 60 100 3,216.72 52 252 5,313.53 0 0 0 \$ .00 \$ 0 0 0 .00 0 0 0 0	23 32 2,316.91 72.40 5 5 5 150.97 30.19 88 454 5,969.96 13.15 42 44 2,730.13 62.05 60 100 3,216.72 32.17 52 252 5,313.53 21.09 0 0 \$ .00 \$ .00 0 0 0 .00 \$ .00 0 0 0 .00 .00 0 0 0 .00 .00 0 0 0 .00 .0	23   32   2,316.91   72.40   .118   5   5   5   150.97   30.19   .018   88   454   5,969.96   13.15   1.669   42   44   2,730.13   62.05   .162   60   100   3,216.72   32.17   .368   52   252   5,313.53   21.09   .926   60   0   0   0   0   0   0   0   0	23 32 2,316.91 72.40 .118 100.74 5 5 5 15.97 30.19 .018 30.15 88 454 5,969.96 13.15 1.669 67.84 42 44 2,730.13 62.05 .162 65.06 60 100 3,216.72 32.17 .368 53.61 52 252 5,313.53 21.09 .926 102.18 0 0 0 \$ .00 \$ .00 .00 .00 \$ .00 0 0 0 .00 \$ .00 .00 .00 .00 0 0 0 .00 .00 .00 .00 .	23   32   2,316.91   72.40   .118   100.74     5

----- MONTHLY AVERAGE -----272 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 116,197.32 \$ 120.29 @COMMUNITY HOSPITAL TOTAL 161 966 \$ 3.551 \$ 721.72 \$ 427.20 1221.51 4020.80 COMM HOSP INPATIENT TOTAL 79 96,499.10 .290 2380.51 HSC HOSPITALS 2 4 4,761.02 1190.26 .015 17.50 75 1223.17 .276 4169.91 337.27 NON-HSC HOSPITALS TOTAL 91,738.08 ACCOMMODATIONS 75 34,655.87 462.08 .00 .00 .00 .62.08 .276 1575.27 127.41 ADMINISTRATIVE DAYS 0 .00 .00 .000 .00 0 0 .00 .000 .00 TRANSITIONAL IP CARE 75 462.08 34,655.87 .276 1575.27 127.41 ALL OTHER ACCOM ANCILLARIES 2594.65 0 57,082.21 .00 .000 209.86 0 .00 .00 .00 .000 .00 INPATIENT CROSSOVERS 0 .00 0 .00 .00 .000 .00 ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL 145 887 19,698.22 22.21 3.261 135.85 72.42 72.40 .118 100.74 MEDICAL 2,316.91 SURGERY 5 5 150.97 30.19 .018 30.19 88 454 5,969.96 13.15 1.669 67.84 PATHOLOGY 21.95 62.05 .162 65.00 RADIOLOGY 2,730.13 60 32.17 100 3,216.72 .368 53.61 ROOM USE 11.83 252 21.09 102.18 CROSSOVERS/ALL OTH OUTPINT 5,313.53 .926 19.54 .00 .00 \$ @STATE HOSPITAL .00 \$ .000 \$ 0 .00 MENTALLY ILL 0 .00 .00 .000 .00 .00 DEVELOP. DISABLED Ω .00 .000 .00 .00 207,574.40 1,451 \$ 143.06 5.335 \$ 5189.36 \$ @NURSING FACILITY LEV A-INTERMEDIATE 0 .00 .00 .000 .00 .00 LEV B-REHAB MD 0 .00 .00 .000 .00 .00 .000 LEV B-SUBACUTE FREESTANDING .00

SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

YUBA COUNTY

LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
LEV B-REGULAR	40	1,451	207,574.40		143.06	5.335		5189.36		763.14
@INTERMEDIATE CARE FACILDD	0	0 5	\$ .00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0	.00		.00	.000		.00		.00
ICF DD	0	0	.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0	.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0 9	\$ .00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0 5	\$ .00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	.00		.00	.000		.00		.00
@LABORATORY FACILITY	85	282	\$ 4,321.46	\$	15.32	1.037	\$	50.84	\$	15.89
PATHOLOGY	85	282	4,321.46		15.32	1.037		50.84		15.89
XO AND OTHERS	0	0	.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	78	205	\$ 15 <b>,</b> 855.49	\$	77.34	.754	\$	203.28	\$	58.29
CLINIC	13	66	2,482.40		37.61	.243		190.95		9.13
SURGICENTER	0	0	.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	67	139	13,373.09		96.21	.511		199.60		49.17
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITURES	S MONTH-OF-PAYMENT	REPORT	FOR JAN	2004 THRU	DEC	2004	PI	AGE 18,456
MOP024	FEE-FOR-SERVICE/DENTAL									03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR	MEDICALLY	Y INDIGENT - ADULTS	- TOT	'AL					

----- MONTHLY AVERAGE -----272 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 3,617.90 22.47 @ALL OTHER PROVIDERS 36 161 \$ .592 \$ 100.50 \$ 13.30 0 .00 .00 .00 DURABLE MED. EQUIP. 0 .000 .00 BLOOD BANK 0 .00 .00 .000 .00 .00 .00 HEARING AID DISPENSERS 0 .00 .000 .00 125.52 MEDICAL TRANSPORTATION 11 130 1,380.68 10.62 .478 191.48 AMBULANCES/AIR TRANS 6 102 1,148.90 11.26 .375 4.22 8.28 38.63 OTHER TRANS 28 231.78 .103 .85 .00 .00 .00 0 .000 OTHER SERVICES .00 .00 .05 ACUPUNCTURE 0 .00 .000 .00 .00 .00 ADULT DAY HEALTH CARE CTR 0 .000 .00 .00 1,995.00 19 19 105.00 .070 105.00 7.33 GENETIC DISEASE TESTING .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP 0 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .000 .00 .00 64.60 8.08 .029 16.15 OPTICIAN .00 PHYSICAL THERAPIST .00 .00 .000 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 .00 .000 .00 PROSTHETIST/ORTHOTISTS .00 PROSTHETICS .00 .00 .000 .00 .00 .00 ORTHOTICS .00 .000 .00 .00 .00 .00 .000 .00 PSYCHOLOGIST 177.62 SPEECH AND AUDIOLOGY 44.41 .015 88.81 .65 HOSPICE SERVICES .00 .00 .00 .000 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 LOCAL EDUCATION AGENCIES .00 .00 .000 .00 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .00 .000 .00 .00 .000 RESPIRATORY CARE PRACT. 0 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 .00 0 .00 ALL OTHER PROVIDERS .000 .00 .00 @CALIF. CHILDREN SERVICES\* .00 \$ .00 .000 \$ .00 \$ .00

@XOVER EXCLUDING STATE HOSP\*\* 0 0 \$ .00 \$ .00 \$ .00 \$ .00

0\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 YUBA COUNTY SUMMARY OF SERVICES FOR ALL AGED

PAGE 18,457

OFFICE VISITS         52         67         2,413.38         36.02         .005         46.41         .           HOME VISITS         0         0         .00	
OR DAYS OF CARE   PER UNIT/DAY PER ELIG   USER   ELIGIBE	
## CTOTAL, ALL PROVIDERS	
@PHYSICIANS SERVICES         2,103         6,427         \$ 97,285.25         \$ 15,14         .525         \$ 46.26         \$ 7.           OUTPATIENT VISITS         57         73         2,620.77         35.90         .006         45.98         .           OFFICE VISITS         52         67         2,413.38         36.02         .005         46.41         .           HOME VISITS         0         0         .00         .00         .00         .00         .00           EMERGENCY ROOM         1         1         1         68.35         68.35         .000         68.35         .           PREVENTIVE CARE         0         0         .00<	
OUTPATIENT VISITS 57 73 2,620.77 35.90 .006 45.98 OFFICE VISITS 52 67 2,413.38 36.02 .005 46.41 HOME VISITS 0 0 0 EMERGENCY ROOM 1 1 1 1 68.35 68.35 .000 68.35 PREVENTIVE CARE 0 0 0 OB VISITS/COMPRE PERI 0 0 0 OB VISITS/COMPRE PERI 0 0 0 OTHER OUTPATIENT 5 5 5 139.04 27.81 .000 27.81 INPATIENT VISITS 6 27 1,101.56 40.80 OSPITAL VISITS 5 26 1,074.06 41.31 CRITICAL CARE 0 0 0 SNF/ICF/TRANS IP CARE 1 1 1 27.50 27.50 OPHTHALMOLOGICAL SERVICES 42 50 1,381.71 27.63 OPHTHALMOLOGICAL SERVICES 42 50 1,381.71 27.63 SERVICES AND MATERIALS 0 0 0 SERVICES AND MATERIALS 0 0 0 INPATIENT HOSPITAL SURGERY 5 26 3,396.75 130.64 PRINCIPAL SURGEON 1 0 ANSISTANT SURGEON 1 0 3,655.04 365.50 OUTPATIENT SURGERY 7 10 3,655.04 365.50 OUTPATIENT SURGERY 7 10 3,655.04 365.50 OUT 522.15 OUTPATIENT SURGEON 7 10 3,655.04 365.50 OUT 522.15	
OFFICE VISITS         52         67         2,413.38         36.02         .005         46.41         .           HOME VISITS         0         0         .00	21
HOME VISITS	20
EMERGENCY ROOM       1       1       1       68.35       .000       68.35       .         PREVENTIVE CARE       0       0       .00<	00
PREVENTIVE CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	01
OB VISITS/COMPRE PERI 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	00
OTHER OUTPATIENT 5 5 5 139.04 27.81 .000 27.81 . INPATIENT VISITS 6 27 1,101.56 40.80 .002 183.59 . HOSPITAL VISITS 5 26 1,074.06 41.31 .002 214.81 . CRITICAL CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	00
INPATIENT VISITS	01
HOSPITAL VISITS       5       26       1,074.06       41.31       .002       214.81       .         CRITICAL CARE       0       0       .00       .00       .00       .000       .000       .000       .000       .       .00       .000	09
CRITICAL CARE       0       0       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .27.50       .50       .00	
SNF/ICF/TRANS IP CARE       1       1       27.50       27.50       .000       27.50       .         OPHTHALMOLOGICAL SERVICES       42       50       1,381.71       27.63       .004       32.90       .         EXAMINATIONS       42       50       1,381.71       27.63       .004       32.90       .         SERVICES AND MATERIALS       0       0       .00       .00       .00       .00       .00       .00       .00       .         INPATIENT HOSPITAL SURGERY       5       26       3,396.75       130.64       .002       679.35       .         PRINCIPAL SURGEON       3       3       2,910.05       970.02       .000       970.02       .         ANESTHESIOLOGIST       2       23       486.70       21.16       .002       243.35       .         OUTPATIENT SURGERY       7       10       3,655.04       365.50       .001       522.15       .         PRINCIPAL SURGEON       7       10       3,655.04       365.50       .001       522.15       .	09
OPHTHALMOLOGICAL SERVICES         42         50         1,381.71         27.63         .004         32.90         .           EXAMINATIONS         42         50         1,381.71         27.63         .004         32.90         .           SERVICES AND MATERIALS         0         0         .00	00
EXAMINATIONS       42       50       1,381.71       27.63       .004       32.90       .         SERVICES AND MATERIALS       0       0       .00	00
SERVICES AND MATERIALS       0       0       .00 </td <td>11</td>	11
INPATIENT HOSPITAL SURGERY       5       26       3,396.75       130.64       .002       679.35       .         PRINCIPAL SURGEON       3       3       2,910.05       970.02       .000       970.02       .         ASSISTANT SURGEON       1       0       .00       .00       .00       .00       .00       .00         ANESTHESIOLOGIST       2       23       486.70       21.16       .002       243.35       .         OUTPATIENT SURGERY       7       10       3,655.04       365.50       .001       522.15       .         PRINCIPAL SURGEON       7       10       3,655.04       365.50       .001       522.15       .	11
PRINCIPAL SURGEON       3       3       2,910.05       970.02       .000       970.02       .         ASSISTANT SURGEON       1       0       .00       .00       .00       .00       .00       .00       .         ANESTHESIOLOGIST       2       23       486.70       21.16       .002       243.35       .         OUTPATIENT SURGERY       7       10       3,655.04       365.50       .001       522.15       .         PRINCIPAL SURGEON       7       10       3,655.04       365.50       .001       522.15       .	00
ASSISTANT SURGEON 1 0 .00 .00 .00 .00 .00 .00 .00 .00 .00	28
ANESTHESIOLOGIST 2 23 486.70 21.16 .002 243.35 .  OUTPATIENT SURGERY 7 10 3,655.04 365.50 .001 522.15 .  PRINCIPAL SURGEON 7 10 3,655.04 365.50 .001 522.15 .	24
OUTPATIENT SURGERY 7 10 3,655.04 365.50 .001 522.15 . PRINCIPAL SURGEON 7 10 3,655.04 365.50 .001 522.15 .	00
PRINCIPAL SURGEON 7 10 3,655.04 365.50 .001 522.15 .	04
11.21.021.12 001.02011 000.000 1001 002.120 1	30
	30
100101111112 001102011	00
	00
	00
	00
	36
	00
	00
	60
@PHARMACY 8,889 117,422 \$ 3,237,860.79 \$ 27.57 9.596 \$ 364.25 \$ 264.	
PRESCRIPTION DRUGS 8,721 41,231 3,166,489.05 76.80 3.370 363.09 258.	
SNF/ICF 1,302 11,143 641,825.92 57.60 .911 492.95 52.	
OUTPATIENTS 7,454 30,088 2,524,663.13 83.91 2.459 338.70 206.	
·	83
@DENTIST 382 1,572 \$ 87,961.00 \$ 55.95 .128 \$ 230.26 \$ 7.	
	92
	84
	00
	01
	19
	34
RESTORATIVE DENTISTRY 64 194 14,402.00 74.24 .016 225.03 1.	
	01
	70
SPACE MAINTAINERS         0         0         .00         .00         .00         .00         .00	00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	10	6	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU DEC	2004	PAGE 18,458
MOP024	FEE-FOR-SERVICE/DE	NTAL					03/14/05

MOPU24	FEE-FOR-SERVIC		_								03/14/03
YUBA COUNTY	SUMMARY OF SER	VICES FOR ALL AGE	D								
10.006							MC			GE.	
12,236 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST		5	COST PER		COST PER
A O DECAMEED TOE	070	OR DAYS OF CARE		12 102 00		R UNIT/DAY		Ċ	USER	Ċ	ELIGIBLE
@OPTOMETRIST	273	705	\$	13,192.08	\$	18.71	.058	Ş	48.32	\$	1.08
DIAGNOSTIC AND ANC. PROCED	47	51		1,451.36		28.46	.004		30.88		.12
EYE APPLIANCES	212	597		10,160.79		17.02	.049		47.93		.83
OTHER OPTOMETRIC SERVICES	36 10	57	Ċ	1,579.93	ċ	27.72	.005	Ċ	43.89	Ċ	.13
@CHIROPRACTOR	0	18 0	\$	221.67	\$	12.32	.001 .000	Þ	22.17	Þ	.02
VISITS	10			.00							.00
OTHER SERVICES	171	18	\$	221.67	ċ	12.32	.001	Ċ	22.17 8.00	ċ	.02
@PODIATRIST	1 / 1	209	Þ	1,368.69	\$	6.55	.017	Þ		\$	.11
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00					.00		.00
RADIO./PATHOLOGY	171	•		.00		.00	.000		.00		.00
OTHER	3	209	Ċ	1,368.69	ċ	6.55	.017	Ċ	8.00	Ċ	.11
@HOME HEALTH AGENCY	3 1	21 7	\$	1,372.93	\$ \$	65.38	.002	\$	457.64	\$	.11
NURSE ANESTHESIST	0	0	\$	22.17	۶ \$	3.17		\$	22.17	\$	.00
NURSE MIDWIFE	· ·		\$		۶ \$						
PEDIATRIC NURSE PRACTITIONER	7	0 15	\$	.00 250.88		.00 16.73		\$	.00	\$	.00 .02
FAMILY NURSE PRACTITIONER	724	2,139	\$ \$	731,965.47	\$ \$	342.20		\$ \$	35.84 1011.00	\$ \$	.02 59.82
@TOTAL HOSPITAL	724 254	188	Ą	677,093.03	Þ	3601.56	.175	Þ	2665.72	Þ	55.34
HOSP INPATIENT TOTAL	234 5	19				1221.70	.013		4642.45		1.90
HSC HOSPITALS	28	169		23,212.23 475,822.31		2815.52	.002				38.89
NON-HSC HOSPITAL TOTAL ACCOMMODATIONS	28	169		93,142.60		551.14	.014		16993.65 3326.52		7.61
	20	3		599.82		199.94	.014		599.82		.05
ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	27	166		92,542.78		557.49	.014		3427.51		7.56
ANCILLARIES	28	0		382,679.71		.00	.000		13667.13		31.27
INPATIENT CROSSOVERS	221	0		178,058.49		.00	.000		805.69		14.55
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	492	1,951		54,872.44		28.13	.159		111.53		4.48
MEDICAL	16	21		1,140.79		54.32	.002		71.30		.09
SURGERY	4	5		262.10		52.42	.002		65.53		.02
PATHOLOGY	27	126		1,221.52		9.69	.010		45.24		.10
RADIOLOGY	27	42		4,666.67		111.11	.003		172.84		.38
ROOM USE	22	24		1,038.47		43.27	.002		47.20		.08
CROSSOVERS/ALL OTH OUTPINT		1,733		46,542.89		26.86	.142		104.83		3.80
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	Ś	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0	Ψ	.00	۲	.00	.000	۲	.00	Ψ	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	Ô	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
	9	ŭ		. 3 0		• • •			• • •		• • • •

CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURE	S M	ONTH-OF-PAYMENT RI	EPORT FOR JAN	2004 THRU D	EC 2004	P	AGE 18,459
MOP024	FEE-FOR-SERVICE	E/DENTAL							03/14/05
YUBA COUNTY	SUMMARY OF SERV	VICES FOR ALL AGED	)						
						MO	NTHLY AVERA	GE ·	
12,236 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	(	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	]	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	724	2,139	\$	731,965.47	\$ 342.20	.175	\$ 1011.00	\$	59.82
COMM HOSP INPATIENT TOTAL	254	188		677,093.03	3601.56	.015	2665.72		55.34
HSC HOSPITALS	5	19		23,212.23	1221.70	.002	4642.45		1.90
NON-HSC HOSPITALS TOTAL	28	169		475,822.31	2815.52	.014	16993.65		38.89
ACCOMMODATIONS	28	169		93,142.60	551.14	.014	3326.52		7.61
ADMINISTRATIVE DAYS	1	3		599.82	199.94	.000	599.82		.05
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	27	166		92 <b>,</b> 542.78	557.49	.014	3427.51		7.56
ANCILLARIES	28	0		382 <b>,</b> 679.71	.00	.000	13667.13		31.27
INPATIENT CROSSOVERS	221	0		178,058.49	.00	.000	805.69		14.55
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	492	1 <b>,</b> 951		54,872.44	28.13	.159	111.53		4.48
MEDICAL	16	21		1,140.79	54.32	.002	71.30		.09
SURGERY	4	5		262.10	52.42	.000	65.53		.02
PATHOLOGY	27	126		1,221.52	9.69	.010	45.24		.10
RADIOLOGY	27	42		4,666.67	111.11	.003	172.84		.38
ROOM USE	22	24		1,038.47	43.27	.002	47.20		.08
CROSSOVERS/ALL OTH OUTPTNT		1,733		46,542.89	26.86	.142	104.83		3.80
@STATE HOSPITAL	8	233	\$	139,197.74	\$ 597.42	.019	\$ 17399.72	\$	11.38

MENTALLY ILL	8	233		139,197.74		597.42	.019		17399.72		11.38
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	1,413	39,630	\$	4,393,904.24	\$	110.87	3.239	\$	3109.63	\$	359.10
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	4	122		13,276.04		108.82	.010		3319.01		1.08
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0 0 39,508		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1,409	30 500		4,380,628.20		110.88	3.229		3109.03		358.01
	1,409	39 <b>,</b> 300	Ċ		\$			<b>~</b>		Ċ	
@INTERMEDIATE CARE FACILDD	0	0	\$		Ą	.00	.000	Ą		Ş	.00
ICF DDH	•	-		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	130	174	\$	77,846.70	\$		.014	\$		\$	6.36
HOSPITAL BASED HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	130	174		77,846.70		447.39	.014		598.82		6.36
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	70	245	\$		\$		.020	Ś		Ś	.20
PATHOLOGY	48	206	-	2,077.29	7	10.08	.017	Т.	43.28	т.	.17
XO AND OTHERS	22	39		396.76		10.17	.003		18.03		.03
	1,772	3 <b>,</b> 694	\$		\$		.302	ċ	70.49	ċ	10.21
-	•		Ą					Ą		Ş	
CLINIC	13	234		4,567.53		19.52	.019		351.35		.37
SURGICENTER	42	80		8,883.09		111.04	.007		211.50		.73
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,725	3,380		111,463.28		32.98	.276		64.62		9.11
			RES M	IONTH-OF-PAYMENT RE	EPORT	FOR JAN	2004 THRU	DEC	2004	P	AGE 18,460
MOP024	FEE-FOR-SERVICE	E/DENTAL									03/14/05
WIID A COLLAIMY											
YUBA COUNTY	SUMMARY OF SERV	ICES FOR ALL AGE	:D								
IUBA COUNTY	SUMMARY OF SERV	ICES FOR ALL AGE	lD				M	ONT	HLY AVERA	.GE	
	SUMMARY OF SERV	ICES FOR ALL AGE UNITS OF SERVICE		EXPENDITURES	AVE	ERAGE COST	M UNITS/DAY				 COST PER
12,236 ELIGIBLES			]	EXPENDITURES				S			
12,236 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	]			R UNIT/DAY	UNITS/DAY PER ELIG	S	COST PER USER		COST PER
12,236 ELIGIBLES @ALL OTHER PROVIDERS	USERS 2,329	UNITS OF SERVICE OR DAYS OF CARE 123,365		444,891.63	PEF	R UNIT/DAY 3.61	UNITS/DAY PER ELIG 10.082	S	COST PER USER 191.02		COST PER ELIGIBLE 36.36
12,236 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	USERS 2,329 79	UNITS OF SERVICE OR DAYS OF CARE 123,365 193		444,891.63 24,603.35	PEF	R UNIT/DAY 3.61 127.48	UNITS/DAY PER ELIG 10.082 .016	S	COST PER USER 191.02 311.43		COST PER ELIGIBLE 36.36 2.01
12,236 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	USERS 2,329 79 0	UNITS OF SERVICE OR DAYS OF CARE 123,365 193 0		444,891.63 24,603.35	PEF \$	3.61 127.48 .00	UNITS/DAY PER ELIG 10.082 .016 .000	S	COST PER USER 191.02 311.43 .00		COST PER ELIGIBLE 36.36 2.01
12,236 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	USERS 2,329 79 0 64	UNITS OF SERVICE OR DAYS OF CARE 123,365 193 0 81		444,891.63 24,603.35	PEF \$	3.61 127.48 .00	Y UNITS/DAY PER ELIG 10.082 .016 .000 .007	S	COST PER USER 191.02 311.43 .00 128.89		COST PER ELIGIBLE 36.36 2.01 .00 .67
12,236 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	USERS 2,329 79 0 64 211	UNITS OF SERVICE OR DAYS OF CARE 123,365 193 0 81 22,025		444,891.63 24,603.35 .00 8,249.11 89,375.23	PEF \$	R UNIT/DAY 3.61 127.48 .00 101.84 4.06	UNITS/DAY PER ELIG 10.082 .016 .000 .007 1.800	S	COST PER USER 191.02 311.43 .00 128.89 423.58		COST PER ELIGIBLE 36.36 2.01 .00 .67 7.30
12,236 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	USERS 2,329 79 0 64 211 8	UNITS OF SERVICE OR DAYS OF CARE 123,365 193 0 81 22,025 54		444,891.63 24,603.35 .00 8,249.11 89,375.23 891.49	PEF \$	R UNIT/DAY 3.61 127.48 .00 101.84 4.06 16.51	PER ELIG 10.082 .016 .000 .007 1.800	S	COST PER USER 191.02 311.43 .00 128.89 423.58 111.44		COST PER ELIGIBLE 36.36 2.01 .00 .67 7.30 .07
12,236 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	USERS  2,329  79  0  64  211  8  163	UNITS OF SERVICE OR DAYS OF CARE 123,365 193 0 81 22,025 54 21,727		444,891.63 24,603.35 .00 8,249.11 89,375.23 891.49 87,510.73	PEF \$	3.61 127.48 .00 101.84 4.06 16.51 4.03	PER ELIG 10.082 .016 .000 .007 1.800 .004	S \$	COST PER USER 191.02 311.43 .00 128.89 423.58 111.44 536.88		COST PER ELIGIBLE 36.36 2.01 .00 .67 7.30 .07 7.15
12,236 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	USERS  2,329  79 0 64 211 8 163 50	UNITS OF SERVICE OR DAYS OF CARE 123,365 193 0 81 22,025 54 21,727 244		444,891.63 24,603.35 .00 8,249.11 89,375.23 891.49 87,510.73 973.01	PEF \$	R UNIT/DAY 3.61 127.48 .00 101.84 4.06 16.51 4.03 3.99	PER ELIG 10.082 .016 .000 .007 1.800 .004 1.776	S \$	COST PER USER 191.02 311.43 .00 128.89 423.58 111.44 536.88 19.46		COST PER ELIGIBLE 36.36 2.01 .00 .67 7.30 .07 7.15
12,236 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	USERS  2,329  79 0 64 211 8 163 50 4	UNITS OF SERVICE OR DAYS OF CARE 123,365 193 0 81 22,025 54 21,727 244 7		444,891.63 24,603.35 .00 8,249.11 89,375.23 891.49 87,510.73 973.01 135.14	PEF \$	R UNIT/DAY 3.61 127.48 .00 101.84 4.06 16.51 4.03 3.99 19.31	PER ELIG 10.082 .016 .000 .007 1.800 .004 1.776 .020	S \$	COST PER USER 191.02 311.43 .00 128.89 423.58 111.44 536.88 19.46 33.79		COST PER ELIGIBLE 36.36 2.01 .00 .67 7.30 .07 7.15 .08
12,236 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	USERS  2,329 79 0 64 211 8 163 50 4 12	UNITS OF SERVICE OR DAYS OF CARE 123,365 193 0 81 22,025 54 21,727 244 7		444,891.63 24,603.35 .00 8,249.11 89,375.23 891.49 87,510.73 973.01 135.14 14,681.38	PEF \$	R UNIT/DAY 3.61 127.48 .00 101.84 4.06 16.51 4.03 3.99 19.31 69.58	PER ELIG 10.082 .016 .000 .007 1.800 .004 1.776 .020 .001	S \$	COST PER USER 191.02 311.43 .00 128.89 423.58 111.44 536.88 19.46 33.79 1223.45		COST PER ELIGIBLE 36.36 2.01 .00 .67 7.30 .07 7.15 .08 .01 1.20
12,236 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	USERS  2,329 79 0 64 211 8 163 50 4 12 0	UNITS OF SERVICE OR DAYS OF CARE 123,365 193 0 81 22,025 54 21,727 244 7 211		444,891.63 24,603.35 .00 8,249.11 89,375.23 891.49 87,510.73 973.01 135.14 14,681.38	PEF \$	R UNIT/DAY 3.61 127.48 .00 101.84 4.06 16.51 4.03 3.99 19.31 69.58 .00	PER ELIG 10.082 .016 .000 .007 1.800 .004 1.776 .020 .001 .017	S \$	COST PER USER 191.02 311.43 .00 128.89 423.58 111.44 536.88 19.46 33.79 1223.45		COST PER ELIGIBLE 36.36 2.01 .00 .67 7.30 .07 7.15 .08 .01 1.20
12,236 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	USERS  2,329 79 0 64 211 8 163 50 4 12 0	UNITS OF SERVICE OR DAYS OF CARE 123,365 193 0 81 22,025 54 21,727 244 7		444,891.63 24,603.35 .00 8,249.11 89,375.23 891.49 87,510.73 973.01 135.14 14,681.38	PEF \$	R UNIT/DAY 3.61 127.48 .00 101.84 4.06 16.51 4.03 3.99 19.31 69.58 .00 66.40	PER ELIG 10.082 .016 .000 .007 1.800 .004 1.776 .020 .001 .017	S \$	COST PER USER 191.02 311.43 .00 128.89 423.58 111.44 536.88 19.46 33.79 1223.45		COST PER ELIGIBLE 36.36 2.01 .00 .67 7.30 .07 7.15 .08 .01 1.20 .00
12,236 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	USERS  2,329 79 0 64 211 8 163 50 4 12 0 275	UNITS OF SERVICE OR DAYS OF CARE 123,365 193 0 81 22,025 54 21,727 244 7 211		444,891.63 24,603.35 .00 8,249.11 89,375.23 891.49 87,510.73 973.01 135.14 14,681.38 .00 122,578.72	PEF \$	R UNIT/DAY 3.61 127.48 .00 101.84 4.06 16.51 4.03 3.99 19.31 69.58 .00 66.40	PER ELIG 10.082 .016 .000 .007 1.800 .004 1.776 .020 .001 .017 .000	S \$	COST PER USER 191.02 311.43 .00 128.89 423.58 111.44 536.88 19.46 33.79 1223.45 .00 445.74		COST PER ELIGIBLE 36.36 2.01 .00 .67 7.30 .07 7.15 .08 .01 1.20 .00 10.02
12,236 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	USERS  2,329 79 0 64 211 8 163 50 4 12 0	UNITS OF SERVICE OR DAYS OF CARE 123,365 193 0 81 22,025 54 21,727 244 7 211 0		444,891.63 24,603.35 .00 8,249.11 89,375.23 891.49 87,510.73 973.01 135.14 14,681.38 .00 122,578.72	PEF \$	R UNIT/DAY 3.61 127.48 .00 101.84 4.06 16.51 4.03 3.99 19.31 69.58 .00 66.40	PER ELIG 10.082 .016 .000 .007 1.800 .004 1.776 .020 .001 .017	S \$	COST PER USER 191.02 311.43 .00 128.89 423.58 111.44 536.88 19.46 33.79 1223.45 .00 445.74		COST PER ELIGIBLE 36.36 2.01 .00 .67 7.30 .07 7.15 .08 .01 1.20 .00
12,236 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	USERS  2,329 79 0 64 211 8 163 50 4 12 0 275	UNITS OF SERVICE OR DAYS OF CARE 123,365 193 0 81 22,025 54 21,727 244 7 211 0 1,846		444,891.63 24,603.35 .00 8,249.11 89,375.23 891.49 87,510.73 973.01 135.14 14,681.38 .00 122,578.72	PEF \$	R UNIT/DAY 3.61 127.48 .00 101.84 4.06 16.51 4.03 3.99 19.31 69.58 .00 66.40	PER ELIG 10.082 .016 .000 .007 1.800 .004 1.776 .020 .001 .017 .000	S \$	COST PER USER 191.02 311.43 .00 128.89 423.58 111.44 536.88 19.46 33.79 1223.45 .00 445.74		COST PER ELIGIBLE 36.36 2.01 .00 .67 7.30 .07 7.15 .08 .01 1.20 .00 10.02
12,236 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	USERS  2,329 79 0 64 211 8 163 50 4 12 0 275 0 251	UNITS OF SERVICE OR DAYS OF CARE 123,365 193 0 81 22,025 54 21,727 244 7 211 0 1,846 0 595		444,891.63 24,603.35 .00 8,249.11 89,375.23 891.49 87,510.73 973.01 135.14 14,681.38 .00 122,578.72 .00 7,077.74	PEF \$	3.61 127.48 .00 101.84 4.06 16.51 4.03 3.99 19.31 69.58 .00 66.40 .00 11.90 13.93	PER ELIG 10.082 .016 .000 .007 1.800 .004 1.776 .020 .001 .017 .000 .151	S \$	COST PER USER 191.02 311.43 .00 128.89 423.58 111.44 536.88 19.46 33.79 1223.45 .00 445.74 .00 28.20		COST PER ELIGIBLE 36.36 2.01 .00 .67 7.30 .07 7.15 .08 .01 1.20 .00 10.02 .00 .58
12,236 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	USERS  2,329 79 0 64 211 8 163 50 4 12 0 275 0 251	UNITS OF SERVICE OR DAYS OF CARE 123,365 193 0 81 22,025 54 21,727 244 7 211 0 1,846 0 595 28		444,891.63 24,603.35 .00 8,249.11 89,375.23 891.49 87,510.73 973.01 135.14 14,681.38 .00 122,578.72 .00 7,077.74 390.10 39.87	PEF \$	R UNIT/DAY 3.61 127.48 .00 101.84 4.06 16.51 4.03 3.99 19.31 69.58 .00 66.40 .00 11.90 13.93 .62	PER ELIG 10.082 .016 .000 .007 1.800 .004 1.776 .020 .001 .017 .000 .151 .000 .049 .002 .005	S \$	COST PER USER 191.02 311.43 .00 128.89 423.58 111.44 536.88 19.46 33.79 1223.45 .00 445.74 .00 28.20 130.03 .91		COST PER ELIGIBLE 36.36 2.01 .00 .67 7.30 .07 7.15 .08 .01 1.20 .00 10.02 .00 .58 .03 .00
12,236 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	USERS  2,329 79 0 64 211 8 163 50 4 12 0 275 0 251 3 44 16	UNITS OF SERVICE OR DAYS OF CARE 123,365 193 0 81 22,025 54 21,727 244 7 211 0 1,846 0 595 28 64		444,891.63 24,603.35 .00 8,249.11 89,375.23 891.49 87,510.73 973.01 135.14 14,681.38 .00 122,578.72 .00 7,077.74 390.10 39.87 798.85	PEF \$	R UNIT/DAY 3.61 127.48 .00 101.84 4.06 16.51 4.03 3.99 19.31 69.58 .00 66.40 .00 11.90 13.93 .62 15.98	PER ELIG 10.082 .016 .000 .007 1.800 .004 1.776 .020 .001 .017 .000 .151 .000 .049 .002 .005 .004	S \$	COST PER USER 191.02 311.43 .00 128.89 423.58 111.44 536.88 19.46 33.79 1223.45 .00 445.74 .00 28.20 130.03 .91 49.93		COST PER ELIGIBLE 36.36 2.01 .00 .67 7.30 .07 7.15 .08 .01 1.20 .00 10.02 .00 .58 .03 .00 .07
12,236 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS	USERS  2,329 79 0 64 211 8 163 50 4 12 0 275 0 251 3 44 16 16	UNITS OF SERVICE OR DAYS OF CARE 123,365 193 0 81 22,025 54 21,727 244 7 211 0 1,846 0 595 28 64 50		444,891.63 24,603.35 .00 8,249.11 89,375.23 891.49 87,510.73 973.01 135.14 14,681.38 .00 122,578.72 .00 7,077.74 390.10 39.87 798.85 798.85	PEF \$	R UNIT/DAY 3.61 127.48 .00 101.84 4.06 16.51 4.03 3.99 19.31 69.58 .00 66.40 .00 11.90 13.93 .62 15.98	PER ELIG 10.082 .016 .000 .007 1.800 .004 1.776 .020 .001 .017 .000 .151 .000 .049 .002 .005 .004	S \$	COST PER USER 191.02 311.43 .00 128.89 423.58 111.44 536.88 19.46 33.79 1223.45 .00 445.74 .00 28.20 130.03 .91 49.93 49.93		COST PER ELIGIBLE 36.36 2.01 .00 .67 7.30 .07 7.15 .08 .01 1.20 .00 10.02 .00 .58 .03 .00 .07 .07
12,236 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS	USERS  2,329 79 0 64 211 8 163 50 4 12 0 275 0 251 3 44 16 16 0	UNITS OF SERVICE OR DAYS OF CARE 123,365 193 0 81 22,025 54 21,727 244 7 211 0 1,846 0 595 28 64 50		444,891.63 24,603.35 .00 8,249.11 89,375.23 891.49 87,510.73 973.01 135.14 14,681.38 .00 122,578.72 .00 7,077.74 390.10 39.87 798.85 798.85	PEF \$	R UNIT/DAY 3.61 127.48 .00 101.84 4.06 16.51 4.03 3.99 19.31 69.58 .00 66.40 .00 11.90 13.93 .62 15.98 15.98	PER ELIG 10.082 .016 .000 .007 1.800 .004 1.776 .020 .001 .017 .000 .151 .000 .049 .002 .005 .004 .004	S \$	COST PER USER 191.02 311.43 .00 128.89 423.58 111.44 536.88 19.46 33.79 1223.45 .00 445.74 .00 28.20 130.03 .91 49.93 49.93 .00		COST PER ELIGIBLE 36.36 2.01 .00 .67 7.30 .07 7.15 .08 .01 1.20 .00 10.02 .00 .58 .03 .00 .07 .07 .00
12,236 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST	USERS  2,329 79 0 64 211 8 163 50 4 12 0 275 0 251 3 44 16 16 0 1	UNITS OF SERVICE OR DAYS OF CARE 123,365 193 0 81 22,025 54 21,727 244 7 211 0 1,846 0 595 28 64 50 50 50 0 1		444,891.63 24,603.35 .00 8,249.11 89,375.23 891.49 87,510.73 973.01 135.14 14,681.38 .00 122,578.72 .00 7,077.74 390.10 39.87 798.85 798.85 .00 20.31	PEF \$	R UNIT/DAY 3.61 127.48 .00 101.84 4.06 16.51 4.03 3.99 19.31 69.58 .00 66.40 .00 11.90 13.93 .62 15.98 15.98 .00 20.31	PER ELIG 10.082 .016 .000 .007 1.800 .004 1.776 .020 .001 .017 .000 .151 .000 .049 .002 .005 .004 .004	S \$	COST PER USER 191.02 311.43 .00 128.89 423.58 111.44 536.88 19.46 33.79 1223.45 .00 445.74 .00 28.20 130.03 .91 49.93 49.93 .00 20.31		COST PER ELIGIBLE 36.36 2.01 .00 .67 7.30 .07 7.15 .08 .01 1.20 .00 .58 .03 .00 .07 .07 .07 .00 .00 .00
12,236 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY	USERS  2,329 79 0 64 211 8 163 50 4 12 0 275 0 251 3 44 16 16 0 1	UNITS OF SERVICE OR DAYS OF CARE 123,365 193 0 81 22,025 54 21,727 244 7 211 0 1,846 0 595 28 64 50 50 50 0 1 1 145		444,891.63 24,603.35 .00 8,249.11 89,375.23 891.49 87,510.73 973.01 135.14 14,681.38 .00 122,578.72 .00 7,077.74 390.10 39.87 798.85 798.85 798.85 .00 20.31 10,869.72	PEF \$	R UNIT/DAY 3.61 127.48 .00 101.84 4.06 16.51 4.03 3.99 19.31 69.58 .00 66.40 .00 11.90 13.93 .62 15.98 15.98 .00 20.31 74.96	PER ELIG 10.082 .016 .000 .007 1.800 .004 1.776 .020 .001 .017 .000 .151 .000 .049 .002 .005 .004 .004 .000 .005	S \$	COST PER USER 191.02 311.43 .00 128.89 423.58 111.44 536.88 19.46 33.79 1223.45 .00 445.74 .00 28.20 130.03 .91 49.93 49.93 .00 20.31 157.53		COST PER ELIGIBLE 36.36 2.01 .00 .67 7.30 .07 7.15 .08 .01 1.20 .00 .58 .03 .00 .07 .07 .07 .00 .00 .89
12,236 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES	USERS  2,329 79 0 64 211 8 163 50 4 12 0 275 0 251 3 44 16 16 0 1 69 43	UNITS OF SERVICE OR DAYS OF CARE 123,365 193 0 81 22,025 54 21,727 244 7 211 0 1,846 0 595 28 64 50 0 0 1 145 914		444,891.63 24,603.35 .00 8,249.11 89,375.23 891.49 87,510.73 973.01 135.14 14,681.38 .00 122,578.72 .00 7,077.74 390.10 39.87 798.85 798.85 798.85 .00 20.31 10,869.72 102,362.03	PEF \$	R UNIT/DAY 3.61 127.48 .00 101.84 4.06 16.51 4.03 3.99 19.31 69.58 .00 66.40 .00 11.90 13.93 .62 15.98 15.98 15.98 174.96 111.99	PER ELIG 10.082 .016 .000 .007 1.800 .004 1.776 .020 .001 .017 .000 .151 .000 .049 .002 .005 .004 .004 .004 .000 .005 .004	S \$	COST PER USER 191.02 311.43 .00 128.89 423.58 111.44 536.88 19.46 33.79 1223.45 .00 445.74 .00 28.20 130.03 .91 49.93 49.93 .00 20.31 157.53 2380.51		COST PER ELIGIBLE 36.36 2.01 .00 .67 7.30 .07 7.15 .08 .01 1.20 .00 10.02 .00 .58 .03 .00 .07 .07 .07 .00 .00 .89 8.37
12,236 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY	USERS  2,329 79 0 64 211 8 163 50 4 12 0 275 0 251 3 44 16 16 0 1	UNITS OF SERVICE OR DAYS OF CARE 123,365 193 0 81 22,025 54 21,727 244 7 211 0 1,846 0 595 28 64 50 50 50 0 1 1 145		444,891.63 24,603.35 .00 8,249.11 89,375.23 891.49 87,510.73 973.01 135.14 14,681.38 .00 122,578.72 .00 7,077.74 390.10 39.87 798.85 798.85 798.85 .00 20.31 10,869.72	PEF \$	R UNIT/DAY 3.61 127.48 .00 101.84 4.06 16.51 4.03 3.99 19.31 69.58 .00 66.40 .00 11.90 13.93 .62 15.98 15.98 .00 20.31 74.96	PER ELIG 10.082 .016 .000 .007 1.800 .004 1.776 .020 .001 .017 .000 .151 .000 .049 .002 .005 .004 .004 .000 .005	S \$	COST PER USER 191.02 311.43 .00 128.89 423.58 111.44 536.88 19.46 33.79 1223.45 .00 445.74 .00 28.20 130.03 .91 49.93 49.93 .00 20.31 157.53		COST PER ELIGIBLE 36.36 2.01 .00 .67 7.30 .07 7.15 .08 .01 1.20 .00 .58 .03 .00 .07 .07 .07 .00 .00 .89

LOCAL EDUCATION AGENCIES	1	5	64.55	12.91	.000	64.55	.01
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1,470	97 <b>,</b> 200	63,645.53	.65	7.944	43.30	5.20
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	3,935	52,035	\$ 743,183.48	\$ 14.28	4.253	\$ 188.86	\$ 60.74

<sup>0\*</sup> Totals in these lines are given as a separate information item only;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,461
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YUBA COUNTY SUMMARY OF SERVICES FOR ALL BLIND

YUBA COUNTY	SUMMARY OF SER	VICES FOR ALL BLIND					 	
			_			M		
794 ELIGIBLES	USERS	UNITS OF SERVICE	E	XPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	675	18,724 \$		675 <b>,</b> 921.54	\$ 36.10	23.582	\$ 1001.37	851.29
@PHYSICIANS SERVICES	193	711 \$		<b>,</b>	\$ 49.69	.895	\$ 183.05	\$ 44.49
OUTPATIENT VISITS	60	82		3 <b>,</b> 167.55	38.63	.103	52.79	3.99
OFFICE VISITS	47	62		2,050.18	33.07	.078	43.62	2.58
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2		136.70	68.35	.003	68.35	.17
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	3	9		675.98	75.11	.011	225.33	.85
OTHER OUTPATIENT	8			304.69	33.85	.011	38.09	.38
INPATIENT VISITS	15	80		3,885.09	48.56	.101	259.01	4.89
HOSPITAL VISITS	14	75		3,463.99	46.19	.094	247.43	4.36
CRITICAL CARE	1	3		302.10	100.70	.004	302.10	.38
SNF/ICF/TRANS IP CARE	2	2		119.00	59.50	.003	59.50	.15
OPHTHALMOLOGICAL SERVICES	13	12		466.63	38.89	.015	35.89	.59
EXAMINATIONS	13	12		466.63	38.89	.015	35.89	.59
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	9	51		3,150.41	61.77	.064	350.05	3.97
PRINCIPAL SURGEON	8	9		1,993.00	221.44	.011	249.13	2.51
ASSISTANT SURGEON	1	1		107.22	107.22	.001	107.22	.14
ANESTHESIOLOGIST	5	41		1,050.19	25.61	.052	210.04	1.32
OUTPATIENT SURGERY	15	37		8,106.88	219.10	.047	540.46	10.21
PRINCIPAL SURGEON	12	20		7,410.33	370.52	.025	617.53	9.33
ASSISTANT SURGEON	1	1		244.60	244.60	.001	244.60	.31
ANESTHESIOLOGIST	3	16		451.95	28.25	.020	150.65	.57
DIALYSIS	16	50		3,690.53	73.81	.063	230.66	4.65
PATHOLOGY	1	1		8.08	8.08	.001	8.08	.01
RADIOLOGY	54	124		7,200.96	58.07	.156	133.35	9.07
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	2		12.43	6.22	.003	12.43	.02
OTHER SERVICES/ALL X-OVERS	98	272		5,640.31	20.74	.343	57.55	7.10
@PHARMACY	514	7,445 \$		205,485.13	\$ 27.60	9.377	\$ 399.78	\$ 258.80
PRESCRIPTION DRUGS	492	2,177		192,652.21	88.49	2.742	391.57	242.64
SNF/ICF	9	134		7,719.80	57.61	.169	857.76	9.72
OUTPATIENTS	484	2,043		184,932.41	90.52	2.573	382.09	232.91
MEDICAL SUPPLIES	110	5,268		12,832.92	2.44	6.635	116.66	16.16
@DENTIST	20	80 \$		3,359.00	\$ 41.99	.101	\$ 167.95	\$ 4.23
VISITS - DIAGNOSTIC	11	50		568.00	11.36	.063	51.64	.72
ORAL SURGERY	3	3		296.00	98.67	.004	98.67	.37
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PERIODONTICS	4	4	409.00	102.25	.005	102.25	.52
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	2	117.00	58.50	.003	117.00	.15
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	6	21	1,969.00	93.76	.026	328.17	2.48
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2004 THRU I	DEC 2004	PAGE 18,462
MOP024	FEE-FOR-SERVICE/DEN	TAL					03/14/05
YUBA COUNTY	SUMMARY OF SERVICES	FOR ALL BLIND					

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 794 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE USER PER UNIT/DAY PER ELIG ELIGIBLE @OPTOMETRIST 26 482.96 18.58 .033 \$ 60.37 \$ .61 DIAGNOSTIC AND ANC. PROCED 5 152.23 30.45 .006 38.06 .19 330.73 15.75 55.12 EYE APPLIANCES 21 .026 .42 OTHER OPTOMETRIC SERVICES 0 .00 .00 .000 .00 .00 @CHIROPRACTOR 14 200.64 14.33 .018 \$ 50.16 \$ .25 200.64 14.33 VISITS 14 .018 50.16 .00 .00 OTHER SERVICES 0 .000 .00 .00 30 529.36 17.65 .038 \$ 27.86 \$ @PODIATRIST .67 MEDICINE/INJECTIONS 11 19 444.00 23.37 .024 40.36 0 0 .00 .00 .000 .00 .00 SURGERY/ANES. RADIO./PATHOLOGY 1 8.65 8.65 .001 8.65 .01 OTHER 76.71 7.67 .013 9.59 10 2,460 3.098 \$ 2581.47 \$ @HOME HEALTH AGENCY 74,862.73 \$ 30.43 1 3 81.77 \$ 27.26 .004 \$ 81.77 \$ NURSE ANESTHESIST .10 .00 \$ 0 .00 .00 .000 \$ NURSE MIDWIFE . 00 0 .00 .00 .00 \$ .00 PEDIATRIC NURSE PRACTITIONER .000 \$ .058 \$ FAMILY NURSE PRACTITIONER 46 672.28 14.61 39.55 .85 545 197,989.17 363.28 @TOTAL HOSPITAL .686 \$ 2041.13 \$ 97 185,929.25 1916.80 .122 7747.05 HOSP INPATIENT TOTAL HSC HOSPITALS 0 .00 .00 .000 .00 .00 15 97 1840.75 NON-HSC HOSPITAL TOTAL 178,552.92 .122 11903.53 224.88 ACCOMMODATIONS 97 46,992.23 484.46 .122 3132.82 59.18 0 Ο .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS 0 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 46,992.23 484.46 .122 3132.82 ALL OTHER ACCOM 59.18 15 0 131,560.69 .00 8770.71 ANCILLARIES .000 165.69 9 0 INPATIENT CROSSOVERS 7,376.33 .00 .000 819.59 9.29 0 .00 .000 .00 ALL OTHER INPATIENT .00 12,059.92 HOSP OUTPATIENT TOTAL 448 26.92 .564 141.88 15.19 30 61 44.95 .077 MEDICAL 2,742.17 91.41 SURGERY 13 13 794.45 61.11 .016 61.11 37 178 2,193.88 12.33 .224 59.29 PATHOLOGY 2.76 RADIOLOGY 33 41 2,860.18 69.76 .052 86.67 3.60 37 .055 50.08 ROOM USE 1,853.01 42.11 2.33 111 1,616.23 14.56 44.90 2.04 CROSSOVERS/ALL OTH OUTPTNT .140 @COUNTY HOSPITAL TOTAL .00 .00 .000 \$ .00 S . 00 .00 .00 .000 . 00 CO HOSPITAL INPATIENT TOTAL .00 .00 .000 .00 HSC HOSPITALS .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000		.00
ROOM USE	0	0	.00	.00		.00	
CROSSOVERS/ALL OTH OUTPTNT					.000		.00
#CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE	ES AND EXPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR JAN 2	2004 THRU D	EC 2004	PAGE 18,463 03/14/05
							03/14/03
YUBA COUNTY	SUMMARY OF SERV	ICES FOR ALL BLIND			MO	NIMILL X ALIDA	CE.
794 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		NTHLY AVERA COST PER	COST PER
/94 ELIGIBLES	USEKS	OR DAYS OF CARE	EXPENDITURES	PER UNIT/DAY		USER	
CCOMMINITELY HOODIEST HORST	97	OR DAIS OF CARE 545 \$	107 000 17		.686		ELIGIBLE \$ 249.36
@COMMUNITY HOSPITAL TOTAL		•	197,989.17	\$ 363.28			
COMM HOSP INPATIENT TOTAL	24	97 0	185,929.25	1916.80 .00	.122	7747.05	234.17
HSC HOSPITALS	15	97					
NON-HSC HOSPITALS TOTAL	15 15	9 / 9 7	178,552.92	1840.75	.122	11903.53	224.88
ACCOMMODATIONS	15	0	46,992.23	484.46	.122	3132.82	59.18
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE		97	.00	.00	.000	.00	.00
ALL OTHER ACCOM	15	<u> </u>	46,992.23	484.46	.122	3132.82	59.18
ANCILLARIES	15	0	131,560.69	.00	.000	8770.71	165.69
INPATIENT CROSSOVERS	9	0	7,376.33	.00	.000	819.59	9.29
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	85	448	12,059.92	26.92	.564	141.88	15.19
MEDICAL	30	61	2,742.17	44.95	.077	91.41	3.45
SURGERY	13 37	13	794.45	61.11	.016	61.11	1.00
PATHOLOGY		178	2,193.88	12.33	.224	59.29	2.76
RADIOLOGY	33	41	2,860.18	69.76	.052	86.67	3.60
ROOM USE	37	44	1,853.01	42.11	.055	50.08	2.33
CROSSOVERS/ALL OTH OUTPTNT	36	111	1,616.23	14.56	.140	44.90	2.04
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000		\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	4	139 \$	16,599.15	\$ 119.42		\$ 4149.79	•
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

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LEV B-SUBACUTE HSPTL BASED

LEV B-TRANSITIONAL IP CARE

@INTERMEDIATE CARE FACIL.-DD

LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

@REHABILITATION FACILITY

HOSPITAL BASED

HOSPITAL BASED

ICF DDH

ICF DD

INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	59	270	\$	3,155.09	\$	11.69	.340		3.48	\$	3.97
PATHOLOGY	59	270		3,155.09		11.69	.340	5	3.48		3.97
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	186	373	\$	25,155.81	\$	67.44	.470	\$ 13	5.25	\$	31.68
CLINIC	1	7		326.42		46.63	.009	32	6.42		.41
SURGICENTER	4	15		1,031.55		68.77	.019	25	7.89		1.30
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	183	351		23,797.84		67.80	.442	13	0.04		29.97
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES :	MONTH-OF-PAYMENT R	REPORT	FOR JAN 2	2004 THRU 1	DEC 200	4	PF	AGE 18,464
MOP024	FEE-FOR-SERVICE	L/DENTAL									03/14/05
YUBA COUNTY	SUMMARY OF SERV	ICES FOR ALL BL	IND								
							MO	YLHTNC	AVERA	GE -	
794 ELIGIBLES	USERS	UNITS OF SERVIC	₹.	EXPENDITURES			UNITS/DAYS			C	COST PER
		OR DAYS OF CAR					PER ELIG				ELIGIBLE
@ALL OTHER PROVIDERS	160	5 <b>,</b> 563	\$	47,464.03		8.53	7.006		6.65	\$	
DURABLE MED. EQUIP.	24	47		11,339.29		241.26	.059	47	2.47		14.28
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	5	10		1,485.17		148.52	.013		7.03		1.87
MEDICAL TRANSPORTATION	50	5,146		24,678.51			6.481		3.57		31.08
AMBULANCES/AIR TRANS	17	151		3,526.86			.190		7.46		4.44
OTHER TRANS	36	4,993		21,124.15		4.23	6.288		6.78		26.60
OTHER SERVICES	1	2		27.50		13.75	.003	2	7.50		.03
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	1	1		73.06		73.06	.001	7	3.06		.09
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	17	90		7,422.19		82.47	.113	43	6.60		9.35
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	8	24		321.22		13.38	.030		0.15		.40
PHYSICAL THERAPIST	5	31		446.88		14.42	.039	8	9.38		.56
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	1	1		80.69		80.69	.001	8	0.69		.10

PROSTHETICS	1	1	80.69	80.69	.001	80.69	.10
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	2	72.70	36.35	.003	36.35	.09
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	8	82	462.17	5.64	.103	57.77	.58
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	54	129	1,082.15	8.39	.162	20.04	1.36
@CALIF. CHILDREN SERVICES*	23	112	\$ 18,366.16	\$ 163.98	.141	\$ 798.53	\$ 23.13
@XOVER EXCLUDING STATE HOSP**	125	437	\$ 29,926.11	\$ 68.48	.550	\$ 239.41	\$ 37.69

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,465 FEE-FOR-SERVICE/DENTAL

03/14/05

YUBA COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

10211 0001111	001111111111111111111111111111111111111	TIPE PICTURES			MON'	THLY AVERA	3E
43,663 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
10,000 221012220	00210	OR DAYS OF CARE	2111 211 2 1 0 1 1 2 0	PER UNIT/DAY		USER	
@TOTAL, ALL PROVIDERS	40,288	817,137 \$	31,256,032.85	\$ 38.25	18.715 \$		\$ 715.85
@PHYSICIANS SERVICES	10,424	•	1,285,246.18	•			•
OUTPATIENT VISITS	3,680	5,170	177,655.21				4.07
OFFICE VISITS	3,194	4,461	145,427.66				
HOME VISITS	31	36	1,788.40				.04
EMERGENCY ROOM	200	229	14,896.36	65.05	.005	74.48	.34
PREVENTIVE CARE	3	3	-	35.59		35.59	.00
OB VISITS/COMPRE PERI	34	45	4,253.44	94.52		125.10	.10
OTHER OUTPATIENT	318	396	11,182.58	28.24	.009	35.17	.26
INPATIENT VISITS	590	2,537	122,582.03	48.32	.058	207.77	2.81
HOSPITAL VISITS	508	2,016	88,391.55	43.85	.046	174.00	2.02
CRITICAL CARE	57	225	27,573.28	122.55	.005	483.74	.63
SNF/ICF/TRANS IP CARE	81	296	6,617.20	22.36	.007	81.69	.15
OPHTHALMOLOGICAL SERVICES	357	467	17,865.91	38.26	.011	50.04	.41
EXAMINATIONS	354	461	17,710.62	38.42	.011	50.03	.41
SERVICES AND MATERIALS	6	6	155.29	25.88	.000	25.88	.00
INPATIENT HOSPITAL SURGERY	363	2,116	196,244.76	92.74	.048	540.62	4.49
PRINCIPAL SURGEON	285	440	151,117.32	343.45	.010	530.24	3.46
ASSISTANT SURGEON	47	48	11,441.20	238.36	.001	243.43	.26
ANESTHESIOLOGIST	125	1,628	33,686.24	20.69	.037	269.49	.77
OUTPATIENT SURGERY	564	1,448	144,273.24	99.64	.033	255.80	3.30
PRINCIPAL SURGEON	473	628	125,092.04	199.19	.014	264.47	2.86
ASSISTANT SURGEON	6	6	849.41	141.57	.000	141.57	.02
ANESTHESIOLOGIST	122	814	18,331.79	22.52	.019	150.26	.42
DIALYSIS	91	260	23,362.82	89.86	.006	256.73	.54
PATHOLOGY	371	772	14,760.67	19.12	.018	39.79	.34
RADIOLOGY	3 <b>,</b> 355	6,616	261,000.53	39.45	.152	77.79	
PSYCHIATRY	6	6	238.19	39.70	.000	39.70	.01
IMMUNIZATION AND INJECTION	201	1,176	9,768.72	8.31	.027	48.60	.22
OTHER SERVICES/ALL X-OVERS	4,826	19,843	317,494.10	16.00	.454	65.79	7.27
@PHARMACY	30 <b>,</b> 373		15,468,079.77		8.492 \$		
PRESCRIPTION DRUGS	29 <b>,</b> 888	136,338	14,531,123.43	106.58	3.123	486.19	332.80
SNF/ICF	386	3,781	290,917.24	76.94	.087	753.67	6.66
OUTPATIENTS	29,548	132,557	14,240,206.19	107.43	3.036	481.93	326.14

MEDICAL SUPPLIES	3,319	234,461	936,956.34	4.0	0 5.370	282.30	21.46
@DENTIST	1,947	8 <b>,</b> 976 \$	380,211.24	\$ 42.3	6 .206	\$ 195.28	\$ 8.71
VISITS - DIAGNOSTIC	1,230	5,294	64,940.54	12.2	7 .121	52.80	1.49
ORAL SURGERY	312	988	53,723.00	54.3	8 .023	172.19	1.23
DRUGS	10	10	215.00	21.5	0 .000	21.50	.00
ANESTHESIA	14	14	1,390.00	99.2	9 .000	99.29	.03
PERIODONTICS	117	125	13,870.00	110.9	6 .003	118.55	.32
ENDODONTICS	106	158	35,625.00	225.4	7 .004	336.08	.82
RESTORATIVE DENTISTRY	549	1,495	92,934.70	62.1	6 .034	169.28	2.13
PROSTHETICS	15	17	950.00	55.8	8 .000	63.33	.02
DENTURES, STAYPLATES	273	715	108,877.00	152.2	8 .016	398.82	2.49
SPACE MAINTAINERS	0	0	.00	.0	0 .000	.00	.00
MAXILLOFACIAL SERVICES	3	3	146.00	48.6	7 .000	48.67	.00
FRACTURES, DISLOCATIONS	1	1	500.00	500.0	0 .000	500.00	.01
ORTHODONTIC SERVICES	55	77	6,815.00	88.5	1 .002	123.91	.16
ALL OTHER SERVICES	78	79	225.00	2.8	5 .002	2.88	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES	MONTH-OF-PAYMENT H	REPORT FOR J	AN 2004 THRU	DEC 2004	PAGE 18,466
MOP024	FEE-FOR-SERVICE/	DENTAL					03/14/05
YUBA COUNTY	SUMMARY OF SERVI	CES FOR ALL DISABI	ED				
					N	MONTHLY AVERA	GE
43,663 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE C	OST UNITS/DAY	YS COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/	DAY PER ELIC	G USER	ELIGIBLE
@OPTOMETRIST	1,122	3,285 \$	67,659.90	\$ 20.6			\$ 1.55
DIAGNOSTIC AND ANC. PROCED	565	677	24,470.79	36.1	5 .016	43.31	.56

43,663 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	ERAGE COST		COST PER	COST PER
		OR DAYS OF CAR		R UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	1,122	3 <b>,</b> 285	\$ 67 <b>,</b> 659.90		.075	\$	\$
DIAGNOSTIC AND ANC. PROCED	565	677	24,470.79		.016	43.31	.56
EYE APPLIANCES	899	2,540	41,328.47	16.27	.058	45.97	.95
OTHER OPTOMETRIC SERVICES	49	68	1,860.64	27.36	.002	37.97	.04
@CHIROPRACTOR	352	1,094	\$ 17,019.61	\$ 15.56	.025	\$ 48.35	\$ .39
VISITS	332	1,054	16,519.36	15.67	.024	49.76	.38
OTHER SERVICES	20	40	500.25	12.51	.001	25.01	.01
@PODIATRIST	217	254	\$ 2,861.11	\$ 11.26	.006	\$ 13.18	\$ .07
MEDICINE/INJECTIONS	43	44	1,153.60	26.22	.001	26.83	.03
SURGERY/ANES.	2	2	265.45	132.73	.000	132.73	.01
RADIO./PATHOLOGY	3	3	51.90	17.30	.000	17.30	.00
OTHER	172	205	1,390.16	6.78	.005	8.08	.03
@HOME HEALTH AGENCY	297	3,551	\$ 165,256.30	\$ 46.54	.081	\$ 556.42	\$ 3.78
NURSE ANESTHESIST	28	300	\$ 2,591.97	\$ 8.64	.007	\$ 92.57	\$ .06
NURSE MIDWIFE	11	22	\$ 10,329.07	\$ 469.50	.001	\$ 939.01	\$ .24
PEDIATRIC NURSE PRACTITIONER	1	1	\$ 57.20		.000	\$ 57.20	\$ .00
FAMILY NURSE PRACTITIONER	1,246	2,965	\$ 43,922.24	\$ 14.81	.068	\$ 35.25	\$ 1.01
@TOTAL HOSPITAL	6,358	36,387	\$ 8,250,315.57	\$ 226.74	.833	\$ 1297.63	\$ 188.95
HOSP INPATIENT TOTAL	866	3,655	7,117,369.25	1947.30	.084	8218.67	163.01
HSC HOSPITALS	100	595	751,847.10	1263.61	.014	7518.47	17.22
NON-HSC HOSPITAL TOTAL	539	3,060	6,156,618.19	2011.97	.070	11422.30	141.00
ACCOMMODATIONS	538	3,060	1,553,745.68	507.76	.070	2888.00	35.58
ADMINISTRATIVE DAYS	4	22	4,894.39	222.47	.001	1223.60	.11
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	534	3,038	1,548,851.29	509.83	.070	2900.47	35.47
ANCILLARIES	539	0	4,602,872.51	.00	.000	8539.65	105.42
INPATIENT CROSSOVERS	239	0	208,903.96	.00	.000	874.08	4.78
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5,861	32,732	1,132,946.32	34.61	.750	193.30	25.95
MEDICAL	1,962	4,089	199,083.47	48.69	.094	101.47	4.56
SURGERY	455	564	28,883.25	51.21	.013	63.48	.66
PATHOLOGY	2,208	11,818	144,953.98	12.27	.271	65.65	3.32
RADIOLOGY	2,329	3,720	310,150.87		.085	133.17	7.10
ROOM USE	2,196	3,167	129,692.23	40.95	.073	59.06	2.97

CROSSOVERS/ALL OTH OUTPTNT	2 <b>,</b> 368	9 <b>,</b> 374	320,182.52	2	34.16	.215	135.21	7.33
@COUNTY HOSPITAL TOTAL	13	74	\$ 43,142.46	6 \$	583.01	.002	\$ 3318.65	\$ .99
CO HOSPITAL INPATIENT TOTAL	1	31	41,912.00	າ 1	352.00	.001	41912.00	.96
HSC HOSPITALS	1	31	41,912.00		352.00	.001	41912.00	.96
	Τ	21	•					
NON-HSC HOSPITALS TOTAL	Ü	0	.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	)	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	)	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	)	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00		.00	.000	.00	.00
ANCILLARIES	0	0	.00		.00	.000	.00	.00
	0	0						
INPATIENT CROSSOVERS	Ü	0	.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	)	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	12	43	1,230.46	б	28.62	.001	102.54	.03
MEDICAL	3	4	160.59	9	40.15	.000	53.53	.00
SURGERY	1	1	4.37	7	4.37	.000	4.37	.00
PATHOLOGY	1	15	223.02	2	14.87	.000	223.02	.01
RADIOLOGY	0	0	.00	)	.00	.000	.00	.00
ROOM USE	3	3	105.36	6	35.12	.000	35.12	.00
CROSSOVERS/ALL OTH OUTPTNT	8	20	737.12	2	36.86	.000	92.14	.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITURE:	S MONTH-OF-PAYMENT	REPORT	FOR JAN 20	04 THRU D	EC 2004	PAGE 18,467
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR	ALL DISA	BI.FD					32, 21, 00
TODA COUNTI	DOMMANT OF DERVICES FOR	ALL DIGA				MO		· -
						MC	NTHLY AVERAG	, <u>r</u>

40 660			_					_	
43,663 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				ST PER
		OR DAYS OF CAR			PER UNIT/DAY		USER		IGIBLE
@COMMUNITY HOSPITAL TOTAL	6,348	36,313	\$	8,207,173.11	\$ 226.01		\$ 1292.88		187.97
COMM HOSP INPATIENT TOTAL	865	3,624		7,075,457.25	1952.39		8179.72		162.05
HSC HOSPITALS	99	564		709,935.10	1258.75		7171.06		16.26
NON-HSC HOSPITALS TOTAL	539	3 <b>,</b> 060		6,156,618.19	2011.97	.070	11422.30	1	141.00
ACCOMMODATIONS	538	3 <b>,</b> 060		1,553,745.68	507.76	.070	2888.00		35.58
ADMINISTRATIVE DAYS	4	22		4,894.39	222.47	.001	1223.60		.11
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	534	3,038		1,548,851.29	509.83	.070	2900.47		35.47
ANCILLARIES	539	0		4,602,872.51	.00	.000	8539.65	1	105.42
INPATIENT CROSSOVERS	239	0		208,903.96	.00	.000	874.08		4.78
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	5,852	32,689		1,131,715.86	34.62	.749	193.39		25.92
MEDICAL	1,959	4,085		198,922.88	48.70	.094	101.54		4.56
SURGERY	454	563		28,878.88	51.29	.013	63.61		.66
PATHOLOGY	2,207	11,803		144,730.96	12.26	.270	65.58		3.31
RADIOLOGY	2,329	3,720		310,150.87	83.37	.085	133.17		7.10
ROOM USE	2,193	3,164		129,586.87	40.96	.072	59.09		2.97
CROSSOVERS/ALL OTH OUTPINT	2,363	9,354		319,445.40	34.15	.214	135.19		7.32
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	329	7,820	\$	1,467,161.64	\$ 187.62	.179	\$ 4459.46	\$	33.60
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	9	253		29,081.96	114.95	.006	3231.33		.67
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	21	731		436,408.77	597.00	.017	20781.37		9.99
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	299	6,836		1,001,670.91	146.53	.157	3350.07		22.94
@INTERMEDIATE CARE FACILDD	61	1,858	\$		\$ 182.19	.043	\$ 5549.42	\$	7.75
ICF DDH	24	730		115,298.20	157.94	.017	4804.09		2.64
ICF DD	0	0		.00	.00	.000	.00		.00

ICF DDN/DDCN	37	1,128		223,216.34		197.89	.026		6032.87		5.11
@HEMODIALYSIS TOTAL	303	16,083	\$	503,228.66	\$	31.29	.368	\$	1660.82	\$	11.53
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	303	16,083		503,228.66		31.29	.368		1660.82		11.53
@REHABILITATION FACILITY	15	26	\$	1,172.88	\$	45.11	.001	\$	78.19	\$	.03
HOSPITAL BASED	13	23		1,082.01		47.04	.001		83.23		.02
INDEPENDENT FACILITY	2	3		90.87		30.29	.000		45.44		.00
@LABORATORY FACILITY	3 <b>,</b> 277	14,767	\$	167,773.70	\$	11.36	.338	\$	51.20	\$	3.84
PATHOLOGY	3 <b>,</b> 261	14,736		167,580.43		11.37	.337		51.39		3.84
XO AND OTHERS	17	31		193.27		6.23	.001		11.37		.00
@ORGANIZED OUTPATIENT CLINIC	11,740	24,004	\$	1,676,616.85	\$	69.85	.550	\$	142.81	\$	38.40
CLINIC	216	1,303		28,735.70		22.05	.030		133.04		.66
SURGICENTER	122	463		24,130.86		52.12	.011		197.79		.55
HEROIN DETOX CLINIC	5	45		558.39		12.41	.001		111.68		.01
RURAL HEALTH CLINIC	11,482	22,193		1,623,191.90		73.14	.508		141.37		37.18
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	RES	MONTH-OF-PAYMENT H	REPORT	FOR JAN	2004 THRU	DEC	2004	P.	AGE 18,468
MOP024	FEE-FOR-SERVICE/D	ENTAL									03/14/05
YUBA COUNTY	SUMMARY OF SERVICE	ES FOR ALL DI	SABL	ED							

----- MONTHLY AVERAGE -----43,663 ELIGIBLES AVERAGE COST UNITS/DAYS COST PER USERS UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 6,865 284,534 1,408,014.42 4.95 6.517 \$ 205.10 \$ 32.25 338.31 DURABLE MED. EQUIP. 855 2,661 289,257.39 108.70 .061 6.62 .00 .00 BLOOD BANK 0 .00 .000 .00 HEARING AID DISPENSERS 97 117 12,669.46 108.29 .003 130.61 .29 31,338 212.27 MEDICAL TRANSPORTATION 1,135 240,925.98 7.69 .718 5.52 891 7,680 130,772.91 17.03 146.77 AMBULANCES/AIR TRANS .176 3.00 523.27 190 23,237 99,420.98 4.28 2.28 OTHER TRANS .532 100 OTHER SERVICES 421 10,732.09 25.49 .010 107.32 .25 ACUPUNCTURE 31 77 1,114.75 14.48 .002 35.96 .03 ADULT DAY HEALTH CARE CTR 17 150 10,447.44 69.65 .003 614.56 .24 GENETIC DISEASE TESTING 4 420.00 105.00 .000 105.00 .01 281 36.78 1333.30 IHMC, MODEL-NF, NF, AIDS, MSSP 10,187 374,657.58 .233 8.58 OCCUPATIONAL THERAPIST 0 0 .00 .00 .000 .00 .00 965 2,221 23,608.99 10.63 .051 OPTICIAN 24.47 PHYSICAL THERAPIST 41 208 3,035.88 14.60 .005 74.05 .07 PORTABLE X-RAY 19 31 349.21 11.26 .001 18.38 .01 180 417 95.37 220.95 .91 PROSTHETIST/ORTHOTISTS 39,770.73 .010 179 414 39,744.48 96.00 .009 222.04 .91 PROSTHETICS 1 ORTHOTICS 3 26.25 8.75 .000 26.25 .00 30.39 PSYCHOLOGIST 151.93 .000 75.97 .00 1,006 268 38,166.25 37.94 .023 142.41 .87 SPEECH AND AUDIOLOGY HOSPICE SERVICES 955 110,222.58 115.42 .022 2505.06 2.52 0 .00 .00 .000 .00 NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES 930 30,678 110,661.26 3.61 .703 118.99 2.53 .00 .00 EPSDT SUPPLEMENTAL SERVICE 0 0 .00 .000 .00 .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING 0 0 .00 .000 .00 .00 .00 ALL OTHER PROVIDERS 2,600 204,479 152,554.99 .75 4.683 58.67 3.49 419 .216 \$ @CALIF. CHILDREN SERVICES\* 9,423 \$ 152.06 3419.61 \$ 1,432,814.64 32.82 47,372 799,935.53 \$ 16.89 1.085 \$ 143.28 \$ @XOVER EXCLUDING STATE HOSP\*\* 5,583 18.32

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>#</sup>CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

IODA COONII	SOMMAN OF SEN	VICES FOR ALL FA	CHILLI					~=
						MON		-
134,989 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CAR	Ε		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	70 <b>,</b> 674	330,052	\$	19,961,928.08	\$ 60.48	2.445 \$		
@PHYSICIANS SERVICES	14,690	44,495	\$	1,802,735.00		.330 \$		•
OUTPATIENT VISITS	7,167	9 <b>,</b> 378		368 <b>,</b> 721.67	39.32	.069	51.45	2.73
OFFICE VISITS	6 <b>,</b> 050	7 <b>,</b> 837		271 <b>,</b> 142.51	34.60	.058	44.82	2.01
HOME VISITS	11	11		567.60	51.60	.000	51.60	.00
EMERGENCY ROOM	499	541		30,070.76	55.58	.004	60.26	.22
PREVENTIVE CARE	5	5		201.69	40.34	.000	40.34	.00
OB VISITS/COMPRE PERI	491	746		59,900.22	80.30	.006	122.00	. 44
OTHER OUTPATIENT	222	238		6,838.89	28.73	.002	30.81	.05
INPATIENT VISITS	766	2,405		168,112.96	69.90	.018	219.47	1.25
HOSPITAL VISITS	713	1,757		79,468.89	45.23	.013	111.46	.59
CRITICAL CARE	114	647		88,589.99	136.92	.005	777.11	.66
SNF/ICF/TRANS IP CARE	1	1		54.08	54.08	.000	54.08	.00
OPHTHALMOLOGICAL SERVICES	362	452		19,041.81	42.13	.003	52.60	.14
EXAMINATIONS	357	447		18,936.81	42.36	.003	53.04	.14
SERVICES AND MATERIALS	5	5		105.00	21.00	.000	21.00	.00
INPATIENT HOSPITAL SURGERY	928	3 <b>,</b> 959		529,577.15	133.77	.029	570.67	3.92
PRINCIPAL SURGEON	590	778		428,793.14	551.15	.006	726.77	3.18
ASSISTANT SURGEON	135	135		23,711.68	175.64	.001	175.64	.18
ANESTHESIOLOGIST	390	3,046		77,072.33	25.30	.023	197.62	.57
OUTPATIENT SURGERY	1,060	2,622		201,093.15	76.69	.019	189.71	1.49
PRINCIPAL SURGEON	893	1,216		165,868.00	136.40	.009	185.74	1.23
ASSISTANT SURGEON	12	12		1,336.17	111.35	.000	111.35	.01
ANESTHESIOLOGIST	249	1,394		33,888.98	24.31	.010	136.10	.25
DIALYSIS	4	22		926.10	42.10	.000	231.53	.01
PATHOLOGY	502	912		14,488.37	15.89	.007	28.86	.11
RADIOLOGY	5,754	8,922		297,046.59	33.29	.066	51.62	2.20
PSYCHIATRY	4	4		173.24	43.31	.000	43.31	.00

IMMUNIZATION AND INJECTION	330	873		18,474.94		21.16	.006		55.98		.14
OTHER SERVICES/ALL X-OVERS	2 <b>,</b> 667	14,946		185,079.02		12.38	.111		69.40		1.37
@PHARMACY	32,281	82 <b>,</b> 655	\$	4,511,469.33	\$	54.58	.612	\$	139.76	\$	33.42
PRESCRIPTION DRUGS	32,082	77 <b>,</b> 575		4,452,325.88		57.39	.575		138.78		32.98
SNF/ICF	18	35		963.98		27.54	.000		53.55		.01
OUTPATIENTS	32,065	77,540		4,451,361.90		57.41	.574		138.82		32.98
MEDICAL SUPPLIES	715	5,080		59,143.45		11.64	.038		82.72		.44
@DENTIST	6,064	31,092	\$	1,030,693.62	\$	33.15	.230	\$	169.97	\$	7.64
VISITS - DIAGNOSTIC	4,184	19,905		284,793.02		14.31	.147		68.07		2.11
ORAL SURGERY	971	2,172		131,120.75		60.37	.016		135.04		.97
DRUGS	164	181		4,245.00		23.45	.001		25.88		.03
ANESTHESIA	72	83		7,196.00		86.70	.001		99.94		.05
PERIODONTICS	136	150		15,314.50		102.10	.001		112.61		.11
ENDODONTICS	496	1,085		139,178.75		128.28	.008		280.60		1.03
RESTORATIVE DENTISTRY	2 <b>,</b> 097	6 <b>,</b> 272		357 <b>,</b> 858.60		57.06	.046		170.65		2.65
PROSTHETICS	20	20		430.00		21.50	.000		21.50		.00
DENTURES, STAYPLATES	101	335		43,362.00		129.44	.002		429.33		.32
SPACE MAINTAINERS	41	52		6,022.00		115.81	.000		146.88		.04
MAXILLOFACIAL SERVICES	13	13		638.00		49.08	.000		49.08		.00
FRACTURES, DISLOCATIONS	1	1		800.00		800.00	.000		800.00		.01
ORTHODONTIC SERVICES	389	482		36,085.00		74.87	.004		92.76		.27
ALL OTHER SERVICES	255	341		3 <b>,</b> 650.00		10.70	.003		14.31		.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITURE	S MO	NTH-OF-PAYMENT RE	EPORI	FOR JAN	2004 THRU	DEC	2004	PA	AGE 18,470
MOP024	FEE-FOR-SERVICE/DENT	TAL									03/14/05

SUMMARY OF SERVICES FOR ALL FAMILIES

YUBA COUNTY

----- MONTHLY AVERAGE -----134,989 ELIGIBLES USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER UNITS OF SERVICE COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 1,455 4,252 92,838.30 \$ 21.83 .031 \$ 63.81 \$ .69 1,242 48,390.61 DIAGNOSTIC AND ANC. PROCED 1,070 38.96 .009 45.22 .36 1,075 2,991 .022 40.75 EYE APPLIANCES 43,810.76 14.65 17 33.52 37.47 OTHER OPTOMETRIC SERVICES 19 636.93 .000 .00 15.88 38.61 \$ @CHIROPRACTOR 466 1,133 17,990.72 .008 \$ .13 1,133 VISITS 466 17,990.72 15.88 .008 38.61 .13 0 .00 OTHER SERVICES 0 .00 .00 .000 @PODIATRIST 13 16 483.10 30.19 .000 \$ 37.16 \$ .00 14 12 MEDICINE/INJECTIONS 448.50 32.04 .000 37.38 .00 0 0 .00 .00 .000 .00 .00 SURGERY/ANES. 2 2 RADIO./PATHOLOGY 34.60 17.30 .000 17.30 .00 OTHER 0 .00 .00 .000 .00 .00 582 1,417 83,447.41 \$ 58.89 .010 \$ 143.38 \$ @HOME HEALTH AGENCY 37 334 112.49 \$ NURSE ANESTHESIST 4,162.25 \$ 12.46 .002 \$ .03 136 775.31 \$ NURSE MIDWIFE 208 105,442.66 506.94 .002 \$ .78 0 .000 \$ .00 \$ PEDIATRIC NURSE PRACTITIONER 0 .00 \$ .00 FAMILY NURSE PRACTITIONER 1,657 3,745 63,390.79 \$ 16.93 .028 \$ 38.26 \$ .47 @TOTAL HOSPITAL 10,199 48,271 7,540,821.15 156.22 .358 \$ 739.37 \$ 55.86 4,189 HOSP INPATIENT TOTAL 1,008 6,202,447.16 1480.65 .031 6153.22 177 1,213 9809.09 HSC HOSPITALS 1,736,208.96 1431.33 .009 12.86 NON-HSC HOSPITAL TOTAL 841 2,976 4,463,911.99 1499.97 .022 5307.86 33.07 841 457.21 1617.91 10.08 ACCOMMODATIONS 2,976 .022 1,360,661.72 221.64 6870.84 ADMINISTRATIVE DAYS 1 31 6,870.84 .000 .05 0 .00 TRANSITIONAL IP CARE 0 .00 .000 .00 .00 840 2,945 459.69 1,353,790.88 .022 1611.66 10.03 ALL OTHER ACCOM 839 3,103,250.27 .00 3698.75 22.99 ANCILLARIES 0 .000 .00 581.55 INPATIENT CROSSOVERS 4 0 2,326.21 .000 .02 ALL OTHER INPATIENT .00 .00 .000 .00

HOSP OUTPATIENT TOTAL	9,610		1,338,373.99				
MEDICAL	3 <b>,</b> 131	•	238,753.59			76.25	
SURGERY	889	1,097	61,959.26	56.48	.008	69.70	.46
PATHOLOGY	3,649	14,535	183,564.40	12.63	.108	50.31	1.36
RADIOLOGY	4,182	5,548	332,858.92	60.00	.041	79.59	2.47
ROOM USE	5 <b>,</b> 326	7,380	290,959.51	39.43	.055	54.63	2.16
CROSSOVERS/ALL OTH OUTPINT	3,337	10,973	230,278.31	20.99	.081	69.01	1.71
@COUNTY HOSPITAL TOTAL	28	189 \$	16,535.90	\$ 87.49	.001 \$	590.57	\$ .12
CO HOSPITAL INPATIENT TOTAL	3	9	10,650.02	1183.34	.000	3550.01	.08
HSC HOSPITALS	3	9	10,650.02			3550.01	.08
NON-HSC HOSPITALS TOTAL	0	0	0.0			.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	O .	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00
ANCILLARIES	0	0	.00	.00			.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	000	.00	.00
CO HOSP OUTPATIENT TOTAL	27	180	.00 5,885.88 700.47	32.70	.001	218.00	.04
MEDICAL	9	12	700.47	58.37	. 0.00	77.83	.01
SURGERY	10 10	12 13 71 6	549.17 1,355.21 421.85 2,360.88	42.24	.000	54 92	.00
PATHOLOGY	10	71	1,355.21	19.09 70.31 57.58	.001	135.52	.01
RADIOLOGY	5	6	421.85	70.31	$\cap \cap \cap$	84 37	.00
ROOM USE	23	41	2,360.88	57.58	.000	102.65	.02
CROSSOVERS/ALL OTH OUTPINT	14	37	498.30	13.47	.000	35.59	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MO	NTH-OF-PAYMENT R	EPORT FOR JAN 2	004 THRU DE	C 2004	PAGE 18,471
MOP024	FEE-FOR-SERVICE	/DENTAL					03/14/05
YUBA COUNTY	SUMMARY OF SERV	ICES FOR ALL FAMILIES					
					MON	THLY AVERA	GE
134,989 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	10,173	48,082 \$	7,524,285.25	\$ 156.49	.356 \$	739.63	\$ 55.74
COMM HOSP INPATIENT TOTAL	1,005	4,180	6,191,797.14	1481.29	.031	6160.99	45.87
HSC HOSPITALS	174	1,204	1,725,558.94	1433.19	.009	9917.01	12.78
NON-HSC HOSPITALS TOTAL	841	2,976	4,463,911.99	1499.97	.022	5307.86	33.07
ACCOMMODATIONS	841	2,976		457.21		1617.91	10.08
ADMINISTRATIVE DAYS	1	31	6.870.84	221.64	. 000	6870.84	. 0.5

134,989 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	10,173		\$ 7,524,285.25		.356		
COMM HOSP INPATIENT TOTAL	1,005	4,180	-, -, -	1481.29		6160.99	45.87
HSC HOSPITALS	174	1,204		1433.19	.009	9917.01	12.78
NON-HSC HOSPITALS TOTAL	841	2 <b>,</b> 976	4,463,911.99	1499.97		5307.86	33.07
ACCOMMODATIONS	841	2 <b>,</b> 976	1,360,661.72	457.21		1617.91	10.08
ADMINISTRATIVE DAYS	1	31	6 <b>,</b> 870.84	221.64	.000	6870.84	.05
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	840	2,945	1,353,790.88	459.69	.022	1611.66	10.03
ANCILLARIES	839	0	3,103,250.27	.00	.000	3698.75	22.99
INPATIENT CROSSOVERS	4	0	2,326.21	.00	.000	581.55	.02
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	9,584	43,902	1,332,488.11	30.35	.325	139.03	9.87
MEDICAL	3,123	4 <b>,</b> 537	238,053.12	52.47	.034	76.23	1.76
SURGERY	879	1,084	61,410.09	56.65	.008	69.86	.45
PATHOLOGY	3 <b>,</b> 639	14,464	182,209.19	12.60	.107	50.07	1.35
RADIOLOGY	4,177	5 <b>,</b> 542	332,437.07	59.99	.041	79.59	2.46
ROOM USE	5,304	7,339	288,598.63	39.32	.054	54.41	2.14
CROSSOVERS/ALL OTH OUTPINT	3 <b>,</b> 323	10,936	229,780.01	21.01	.081	69.15	1.70
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1	7	\$ 839.00	\$ 119.86	.000	\$ 839.00	\$ .01
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1	7		839.00		119.86	.000		839.00		.01
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	10	120	\$	12,479.46	\$	104.00	.001	\$	1247.95	\$	.09
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	10	120		12,479.46		104.00	.001		1247.95		.09
@REHABILITATION FACILITY	17	30	\$	1,517.17	\$	50.57	.000	\$	89.25	\$	.01
HOSPITAL BASED	17	30		1,517.17		50.57	.000		89.25		.01
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	5,132	16,830	\$	234,746.86	\$	13.95	.125	\$	45.74	\$	1.74
PATHOLOGY	5 <b>,</b> 132	16,830		234,746.86		13.95	.125		45.74		1.74
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	27 <b>,</b> 588	47 <b>,</b> 603	\$	3,854,987.85		80.98	.353	\$	139.73	\$	28.56
CLINIC	1,270	5 <b>,</b> 807		128,186.96		22.07	.043		100.93		.95
SURGICENTER	112	530		19,626.82		37.03	.004		175.24		.15
HEROIN DETOX CLINIC	7	86		1,056.84		12.29	.001		150.98		.01
RURAL HEALTH CLINIC	26 <b>,</b> 389	41,180		3,706,117.23		90.00	.305		140.44		27.45
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITU	JRES M	ONTH-OF-PAYMENT I	REPORT	FOR JAN	2004 THRU	DEC	2004	PI	AGE 18,472
MOP024	FEE-FOR-SERVICE/DEN	ΓAL									03/14/05
YUBA COUNTY	SUMMARY OF SERVICES	FOR ALL FA	MILIE	S							
							N	CNT	HIV AMERA	GE -	

YUBA COUNTY	SUMMARY OF SER	VICES FOR ALL FAMILIES			MO	מממנות ע דווחות	CE
124 000 BLIGIBLES	HORDO	INTEG OF SERVICE		ATTERNACE COOR		NTHLY AVERA	-
134,989 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
OALL OBUIED DROUTDEDG	7 667	OR DAYS OF CARE	CO2 002 41	PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	7,667	47,844 \$	,	\$ 12.62	.354		•
DURABLE MED. EQUIP.	495	1,033	72,778.23	70.45	.008	147.03	.54
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	8	12	943.12	78.59	.000	117.89	.01
MEDICAL TRANSPORTATION	846	9,306	186,307.84	20.02	.069	220.22	1.38
AMBULANCES/AIR TRANS	834	8,747	129,144.73	14.76	.065	154.85	
OTHER TRANS	6	512	3,420.18	6.68	.004	570.03	.03
OTHER SERVICES	45	47	53,742.93	1143.47	.000	1194.29	.40
ACUPUNCTURE	19	35	573.08	16.37	.000	30.16	.00
ADULT DAY HEALTH CARE CTR	1	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	146	146	15 <b>,</b> 330.00	105.00	.001	105.00	.11
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,201	2,594	23,640.49	9.11	.019	19.68	.18
PHYSICAL THERAPIST	68	460	6,739.74	14.65	.003	99.11	.05
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	129	193	18,985.86	98.37	.001	147.18	.14
PROSTHETICS	129	193	18,985.86	98.37	.001	147.18	.14
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	4	75.97	18.99	.000	75.97	.00
SPEECH AND AUDIOLOGY	244	477	26,564.55	55.69	.004	108.87	.20
HOSPICE SERVICES	3	11	1,381.38	125.58	.000	460.46	.01
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4,428	23,939	241,540.53	10.09	.177	54.55	1.79
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	243	9,634	9,022.62	.94	.071	37.13	.07
@CALIF. CHILDREN SERVICES*	354	9,147 \$	993,383.50	\$ 108.60	.068	\$ 2806.17	\$ 7.36

@XOVER EXCLUDING STATE HOSP\*\* 122 528 \$ 17,823.89 \$ 33.76 .004 \$ 146.10 \$ .13

PAGE 18,473

03/14/05

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THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 MOP024 FEE-FOR-SERVICE/DENTAL

YUBA COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

IUBA COUNTI	SUMMARI OF SERV	VICES FOR ALL MEDICAL.	LI INDIGENI		MONI	TIIT X 717007	GE
8,596 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MON'		COST PER
0,390 ELIGIBLES	USERS		EXPENDITORES				
AMOMAL ALL DDOUTDEDG	5,340	OR DAYS OF CARE	1 510 404 37	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS		29,678 \$	1,512,494.37	\$ 50.96	3.453 \$	283.24	
@PHYSICIANS SERVICES	1,037	2,706 \$		\$ 42.52	.315 \$		
OUTPATIENT VISITS	527	682	29,560.73	43.34	.079	56.09	3.44
OFFICE VISITS	424	542	19,629.27	36.22	.063	46.30	2.28
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	44	46	2,518.97	54.76	.005	57.25	.29
PREVENTIVE CARE	1	1	43.85	43.85	.000	43.85	.01
OB VISITS/COMPRE PERI	51	71	6,721.28	94.67	.008	131.79	.78
OTHER OUTPATIENT	18	22	647.36	29.43	.003	35.96	.08
INPATIENT VISITS	78	188	10,482.20	55.76	.022	134.39	1.22
HOSPITAL VISITS	62	136	6,528.46	48.00	.016	105.30	.76
CRITICAL CARE	2	22	3,223.12	146.51	.003	1611.56	.37
SNF/ICF/TRANS IP CARE	14	30	730.62	24.35	.003	52.19	.08
OPHTHALMOLOGICAL SERVICES	32	41	1,732.49	42.26	.005	54.14	.20
EXAMINATIONS	31	40	1,712.49	42.81	.005	55.24	.20
SERVICES AND MATERIALS	1	1	20.00	20.00	.000	20.00	.00
INPATIENT HOSPITAL SURGERY	72	387	38,565.33	99.65	.045	535.63	4.49
PRINCIPAL SURGEON	43	47	30,890.79	657.25	.005	718.39	3.59
ASSISTANT SURGEON	10	10	1,479.99	148.00	.001	148.00	.17
ANESTHESIOLOGIST	29	330	6,194.55	18.77	.038	213.61	.72
OUTPATIENT SURGERY	65	149	9,121.99	61.22	.017	140.34	1.06
PRINCIPAL SURGEON	60	79	7,412.06	93.82	.009	123.53	.86
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	15	70	1,709.93	24.43	.008	114.00	.20
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	38	62	985.90	15.90	.007	25.94	.11
RADIOLOGY	353	506	16,118.47	31.85	.059	45.66	1.88
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	17	31	822.10	26.52	.004	48.36	.10
OTHER SERVICES/ALL X-OVERS	130	660	7,669.80	11.62	.077	59.00	.89
@PHARMACY	2,199	8,048 \$		\$ 34.30	.936 \$		
PRESCRIPTION DRUGS	2,193	5,036	269,574.53	53.53	.586	122.93	31.36
SNF/ICF	35	484	35,369.62	73.08	.056	1010.56	4.11
OUTPATIENTS	2,167	4,552	234,204.91	51.45	.530	108.08	27.25
MEDICAL SUPPLIES	34	3,012	6,489.13	2.15	.350	190.86	.75
@DENTIST	343	1,863 \$		\$ 27.88	.217 \$		
VISITS - DIAGNOSTIC	258	1,362	20,093.30	14.75	.158	77.88	2.34
ORAL SURGERY	42	65	5,411.14	83.25	.008	128.84	.63
DRUGS	13	17	323.75	19.04	.002	24.90	.04
ANESTHESIA	1	2	200.00	100.00	.002	200.00	.02
	0	0					
PERIODONTICS			.00	.00	.000	.00	.00
ENDODONTICS	15	25	3,716.00	148.64	.003	247.73	.43
RESTORATIVE DENTISTRY	118	330	15,973.88	48.41	.038	135.37	1.86
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	7	288.00	41.14	.001	288.00	.03
SPACE MAINTAINERS	1	2	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	1	3	3,541.59	1180.53	.000	3541.59	.41
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	28	37	2,325.00	62.84	.004	83.04	.27
ALL OTHER SERVICES	9	13	75.00	5.77	.002	8.33	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR JAN	2004 THRU	DEC 2004	PAGE 18,474
MOP024	FEE-FOR-SERVICE/DE	NTAL					03/14/05
YUBA COUNTY	SUMMARY OF SERVICE	S FOR ALL MEDICA	ALLY INDIGENT				

							M	INO	HLY AVERA	GΕ	
8,596 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	<u>C</u>		PE:	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	88	253	\$	5,448.64	\$	21.54	.029	\$	61.92	\$	.63
DIAGNOSTIC AND ANC. PROCED	65	82		2,971.95		36.24	.010		45.72		.35
EYE APPLIANCES	57	166		2,361.26		14.22	.019		41.43		.27
OTHER OPTOMETRIC SERVICES	4	5		115.43		23.09	.001		28.86		.01
@CHIROPRACTOR	9	19	\$	313.50	\$	16.50	.002	\$	34.83	\$	.04
VISITS	9	19		313.50		16.50	.002		34.83		.04
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	31	61	\$	3,212.25	\$	52.66		\$	103.62	\$	.37
NURSE ANESTHESIST	1	7	\$	150.30	\$	21.47	.001	\$	150.30	\$	.02
NURSE MIDWIFE	17	90	\$	6,501.50	\$	72.24	.010	\$	382.44	\$	.76
PEDIATRIC NURSE PRACTITIONER	1	1	\$	108.80	\$	108.80	.000	\$	108.80	\$	.01
FAMILY NURSE PRACTITIONER	15	37	\$	590.09	\$	15.95	.004	\$	39.34	\$	.07
@TOTAL HOSPITAL	736	3,511	\$	482,027.50	\$	137.29		\$	654.93	\$	56.08
HOSP INPATIENT TOTAL	76	283		394,653.41		1394.54	.033		5192.81		45.91
HSC HOSPITALS	17	84		109,346.55		1301.74	.010		6432.15		12.72
NON-HSC HOSPITAL TOTAL	60	199		285,306.86		1433.70	.023		4755.11		33.19
ACCOMMODATIONS	60	199		98,815.52		496.56	.023		1646.93		11.50

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	60	199	98,815.52	496.56	.023	1646.93	11.50
ANCILLARIES	60	0	186,491.34	.00	.000	3108.19	21.70
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
		-					
HOSP OUTPATIENT TOTAL	680	3,228	87,374.09	27.07	.376	128.49	10.16
MEDICAL	215	316	17,707.66	56.04	.037	82.36	2.06
SURGERY	46	52	2,149.59	41.34	.006	46.73	.25
PATHOLOGY	320	1,400	18,541.47	13.24	.163	57.94	2.16
RADIOLOGY	282	333	17,875.43	53.68	.039	63.39	2.08
ROOM USE	367	494	18,086.81	36.61	.057	49.28	2.10
CROSSOVERS/ALL OTH OUTPINT	209	633	13,013.13	20.56	.074	62.26	1.51
@COUNTY HOSPITAL TOTAL	2	4 \$	100.97	\$ 25.24	.000 \$	50.49	
CO HOSPITAL INPATIENT TOTAL		0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
	0	0					
ACCOMMODATIONS	•	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	U	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	4	100.97	25.24	.000	50.49	.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	Û	.00	.00	.000	.00	.00
RADIOLOGY	1	2	39.90	19.95	.000	39.90	.00
	1	1	36.50	36.50	.000	36.50	.00
ROOM USE		1					
CROSSOVERS/ALL OTH OUTPINT		1	24.57	24.57	.000	24.57	.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES MO	NTH-OF-PAYMENT R	EPORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 18,475
MOP024	FEE-FOR-SERVICE						03/14/05
YUBA COUNTY	SUMMARY OF SERV	ICES FOR ALL MEDICALL	Y INDIGENT				
					MON'		
8,596 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	734	3 <b>,</b> 507 \$	481,926.53	\$ 137.42	.408 \$	656.58	\$ 56.06
COMM HOSP INPATIENT TOTAL	76	283	394,653.41	1394.54	.033	5192.81	45.91
HSC HOSPITALS	17	84	109,346.55	1301.74	.010	6432.15	12.72
NON-HSC HOSPITALS TOTAL	60	199	285,306.86	1433.70	.023	4755.11	33.19
ACCOMMODATIONS	60	199	98,815.52	496.56	.023	1646.93	11.50
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE		· ·		• • • •			.00
INMIDITIONAL II CANE		Λ	0.0	$\cap \cap$	$\cap \cap \cap$	()()	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	199	98,815.52	496.56	.023	1646.93	11.50
ANCILLARIES	0 60 60	199 0	98,815.52 186,491.34	496.56 .00	.023	1646.93 3108.19	11.50 21.70
ANCILLARIES INPATIENT CROSSOVERS	0 60 60	199 0 0	98,815.52 186,491.34 .00	496.56 .00 .00	.023 .000 .000	1646.93 3108.19 .00	11.50 21.70 .00
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	0 60 60 0	199 0 0 0	98,815.52 186,491.34 .00 .00	496.56 .00 .00	.023 .000 .000	1646.93 3108.19 .00	11.50 21.70 .00
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	0 60 60 0 0 678	199 0 0 0 0 3,224	98,815.52 186,491.34 .00 .00 87,273.12	496.56 .00 .00 .00 27.07	.023 .000 .000 .000 .375	1646.93 3108.19 .00 .00	11.50 21.70 .00 .00
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	0 60 60 0 0 678 215	199 0 0 0 3,224 316	98,815.52 186,491.34 .00 .00 87,273.12 17,707.66	496.56 .00 .00 .00 27.07 56.04	.023 .000 .000	1646.93 3108.19 .00 .00 128.72 82.36	11.50 21.70 .00 .00 10.15 2.06
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	0 60 60 0 0 678 215 46	199 0 0 0 3,224 316 52	98,815.52 186,491.34 .00 .00 87,273.12 17,707.66 2,149.59	496.56 .00 .00 .00 27.07 56.04 41.34	.023 .000 .000 .000 .375	1646.93 3108.19 .00 .00 128.72 82.36 46.73	11.50 21.70 .00 .00 10.15 2.06 .25
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	0 60 60 0 0 678 215	199 0 0 0 3,224 316	98,815.52 186,491.34 .00 .00 87,273.12 17,707.66 2,149.59 18,541.47	496.56 .00 .00 .00 27.07 56.04	.023 .000 .000 .000 .375 .037	1646.93 3108.19 .00 .00 128.72 82.36	11.50 21.70 .00 .00 10.15 2.06
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	0 60 60 0 0 678 215 46	199 0 0 0 3,224 316 52	98,815.52 186,491.34 .00 .00 87,273.12 17,707.66 2,149.59	496.56 .00 .00 .00 27.07 56.04 41.34	.023 .000 .000 .000 .375 .037	1646.93 3108.19 .00 .00 128.72 82.36 46.73	11.50 21.70 .00 .00 10.15 2.06 .25
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	0 60 60 0 0 678 215 46 320	199 0 0 0 3,224 316 52 1,400	98,815.52 186,491.34 .00 .00 87,273.12 17,707.66 2,149.59 18,541.47	496.56 .00 .00 .00 27.07 56.04 41.34 13.24	.023 .000 .000 .000 .375 .037 .006	1646.93 3108.19 .00 .00 128.72 82.36 46.73 57.94	11.50 21.70 .00 .00 10.15 2.06 .25 2.16
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	0 60 60 0 0 678 215 46 320 281 366	199 0 0 0 3,224 316 52 1,400 331 493	98,815.52 186,491.34 .00 .00 87,273.12 17,707.66 2,149.59 18,541.47 17,835.53 18,050.31	496.56 .00 .00 .00 27.07 56.04 41.34 13.24 53.88 36.61	.023 .000 .000 .000 .375 .037 .006 .163 .039	1646.93 3108.19 .00 .00 128.72 82.36 46.73 57.94 63.47 49.32	11.50 21.70 .00 .00 10.15 2.06 .25 2.16 2.07 2.10
ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	0 60 60 0 0 678 215 46 320 281 366	199 0 0 0 3,224 316 52 1,400 331	98,815.52 186,491.34 .00 .00 87,273.12 17,707.66 2,149.59 18,541.47 17,835.53	496.56 .00 .00 .00 27.07 56.04 41.34 13.24 53.88	.023 .000 .000 .000 .375 .037 .006 .163	1646.93 3108.19 .00 .00 128.72 82.36 46.73 57.94 63.47	11.50 21.70 .00 .00 10.15 2.06 .25 2.16 2.07 2.10 1.51

MENTALLY ILL	0	0		.00		.00	.000		.00		.00	
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00	
@NURSING FACILITY	40	1,451	\$	207,574.40	\$	143.06	.169	\$	5189.36	\$	24.15	
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00	
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00	
LEV B-REGULAR	40	1,451		207,574.40		143.06	.169		5189.36		24.15	
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00	
ICF DDH	0	0		.00		.00	.000		.00		.00	
ICF DD	0	0		.00		.00	.000		.00		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00	
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00	
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00	
@LABORATORY FACILITY	404	1,192	\$	16,248.27	\$	13.63	.139	\$	40.22	\$	1.89	
PATHOLOGY	404	1,192		16,248.27		13.63	.139		40.22		1.89	
XO AND OTHERS	0	0		.00		.00	.000		.00		.00	
@ORGANIZED OUTPATIENT CLINIC	2,276	3,703	\$	321,534.44	\$	86.83	.431	\$	141.27	\$	37.41	
CLINIC	79	241		6,729.23		27.92	.028		85.18		.78	
SURGICENTER	8	40		1,153.84		28.85	.005		144.23		.13	
HEROIN DETOX CLINIC	2	23		291.42		12.67	.003		145.71		.03	
RURAL HEALTH CLINIC	2,206	3 <b>,</b> 399		313,359.95		92.19	.395		142.05		36.45	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES 1	MONTH-OF-PAYMENT R	EPORI	FOR JAN 2	2004 THRU	DEC	2004	P	AGE 18,476	
MOP024	FEE-FOR-SERVICE	/DENTAL									03/14/05	
YUBA COUNTY	SUMMARY OF SERV	ICES FOR ALL ME	DICA	LLY INDIGENT								
							M	TNO	HLY AVERA	GΕ		
8,596 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES			UNITS/DAY		COST PER		COST PER	
		OR DAYS OF CAR			PEF		PER ELIG		USER		ELIGIBLE	
@ALL OTHER PROVIDERS	277	6,736	\$	25,714.35	\$	3.82	.784	\$	92.83	\$	2.99	
DURABLE MED. EQUIP.	27	38		2,284.94		60.13	.004		84.63		.27	
BLOOD BANK	0	0		.00		.00	.000		.00		.00	
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00	
MEDICAL TRANSPORTATION	59	674		10,695.27		15.87	.078		181.28		1.24	
AMBULANCES/AIR TRANS	54	645		8,663.49		13.43	.075		160.44		1.01	
OTHER TRANS	6	28		231.78		8.28	.003		38.63		.03	
OTHER SERVICES	1	1		1,800.00		1800.00	.000		1800.00		.21	
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00	
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00	
GENETIC DISEASE TESTING	31	31		3 <b>,</b> 255.00		105.00	.004		105.00		.38	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00	
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00	
OPTICIAN	62	131		1,189.86		9.08	.015		19.19		.14	
DIVIGEOUS BUILDINGS	4	^		01 04		10 50	0.00		01 01		0.0	

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PHYSICAL THERAPIST

PROSTHETIST/ORTHOTISTS

SPEECH AND AUDIOLOGY

NONINST BIRTHING CENTERS

PORTABLE X-RAY

PROSTHETICS

HOSPICE SERVICES

ORTHOTICS

PSYCHOLOGIST

LOCAL EDUCATION AGENCIES	64	335	3,679.42	10.98	.039		57.49	.43
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000		.00	.00
ALL OTHER PROVIDERS	16	5 <b>,</b> 471	1,399.95	.26	.636		87.50	.16
@CALIF. CHILDREN SERVICES*	33	787	\$ 86,771.79	\$ 110.26	.092	\$ 2	629.45	\$ 10.09
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,477
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

MONTHLY AVERAGE - 00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER	COST PER
UU EI LOIDI EG TIGEDG TIMITG OE GEDVICE ENDEMDITMENDEG VIEDVOE COGE DED (	COST PER
ON EDIGIDADES OBEVS ONITS OF SEVATOR EVAPUATIONES WARNED COST ONITS/DATS COST AFK (	
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER F	ELIGIBLE
@TOTAL, ALL PROVIDERS 2 12 \$ 858.02 \$ 71.50 .000 \$ 429.01 \$	.00
@PHYSICIANS SERVICES 0 0 \$ .00 \$ .00 \$ .00 \$	.00
OUTPATIENT VISITS 0 0 0 .00 .00 .00 .00	.00
OFFICE VISITS 0 0 0 .00 .00 .00 .00	.00
HOME VISITS 0 0 0 .00 .00 .00 .00	.00
EMERGENCY ROOM 0 0 .00 .00 .00 .00	.00
PREVENTIVE CARE 0 0 0 .00 .00 .00 .00	.00
OB VISITS/COMPRE PERI 0 0 .00 .00 .00 .00	.00
OTHER OUTPATIENT 0 0 .00 .00 .00 .00	.00
INPATIENT VISITS 0 0 0 .00 .00 .00 .00	.00
HOSPITAL VISITS 0 0 0 .00 .00 .00 .00	.00
CRITICAL CARE 0 0 0 .00 .00 .00 .00	.00
SNF/ICF/TRANS IP CARE 0 0 0 .00 .00 .00 .00	.00
OPHTHALMOLOGICAL SERVICES 0 0 .00 .00 .00 .00	.00
EXAMINATIONS 0 0 .00 .00 .00 .00	.00
SERVICES AND MATERIALS 0 0 .00 .00 .00 .00 .00	.00
INPATIENT HOSPITAL SURGERY 0 0 .00 .00 .00 .00	.00
PRINCIPAL SURGEON 0 0 .00 .00 .00 .00	.00
ASSISTANT SURGEON 0 0 .00 .00 .00 .00	.00
ANESTHESIOLOGIST 0 0 .00 .00 .00 .00	.00
OUTPATIENT SURGERY 0 0 0 .00 .00 .00 .00	.00
PRINCIPAL SURGEON 0 0 .00 .00 .00 .00	.00
ASSISTANT SURGEON 0 0 .00 .00 .00 .00	.00
ANESTHESIOLOGIST 0 0 .00 .00 .00 .00	.00
DIALYSIS 0 0 .00 .00 .00 .00	.00
PATHOLOGY 0 0 .00 .00 .00 .00	.00
RADIOLOGY 0 0 .00 .00 .00 .00	.00
PSYCHIATRY 0 0 0 .00 .00 .00 .00	.00
IMMUNIZATION AND INJECTION 0 0 .00 .00 .00 .00	.00
OTHER SERVICES/ALL X-OVERS 0 0 .00 .00 .00 .00	.00
@PHARMACY 2 12 \$ 858.02 \$ 71.50 .000 \$ 429.01 \$	.00
PRESCRIPTION DRUGS 2 12 858.02 71.50 .000 429.01	.00
SNF/ICF 0 0 0 .00 .00 .00 .00	.00
OUTPATIENTS 2 12 858.02 71.50 .000 429.01	.00
MEDICAL SUPPLIES 0 0 .00 .00 .00 .00	.00
@DENTIST 0 0 \$ .00 \$ .00 \$ .00 \$	.00
VISITS - DIAGNOSTIC 0 0 .00 .00 .00 .00	.00
ORAL SURGERY 0 0 0 .00 .00 .00 .00	.00
DRUGS 0 0 .00 .00 .00 .00	.00
ANESTHESIA 0 0 .00 .00 .00 .00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES MONT	H-OF-PAYMENT REPORT	FOR JAN	2004 THRU DEC	2004	PAGE 18,478
MOP024	FEE-FOR-SERVICE/DE	NTAL					03/14/05
YUBA COUNTY	SUMMARY OF SERVICES	FOR RENAL DIALYSIS	j	AID CODES	71		
					NAC NATION	TT TE DEFEND A	T

							MC	TINC	HLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SI	ERVICE	EXPENDITURES	AVER	AGE COST	UNITS/DAYS		COST PER	-	COST PER
** ======	00	OR DAYS O				UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$ .00	\$	.00	.000	Ś	.00	Ś	.00
DIAGNOSTIC AND ANC. PROCED	0		0	.00		.00	.000		.00		.00
EYE APPLIANCES	0		0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$ .00	Ś	.00		Ś	.00	Ś	.00
VISITS	0		Ō	.00		.00	.000		.00		.00
OTHER SERVICES	0		0	.00		.00	.000		.00		.00
@PODIATRIST	0		Ō	\$ .00	\$	.00		\$	.00	\$	.00
MEDICINE/INJECTIONS	0		0	.00		.00	.000		.00	·	.00
SURGERY/ANES.	0		0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0	.00		.00	.000		.00		.00
OTHER	0		0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$ .00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0		0	\$ .00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0		0	\$ .00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	2 0		0	\$ .00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0		0	\$ .00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	Ō		0	\$ .00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0		0	.00		.00	.000		.00		.00
HSC HOSPITALS	Ō		0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	Ō		0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0	.00		.00	.000		.00		.00
ANCILLARIES	0		0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0		0	.00		.00	.000		.00		.00
MEDICAL	0		0	.00		.00	.000		.00		.00
SURGERY	0		0	.00		.00	.000		.00		.00
PATHOLOGY	0		0	.00		.00	.000		.00		.00
RADIOLOGY	0		0	.00		.00	.000		.00		.00
ROOM USE	0		0	.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINI	0		0	.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0		0	\$ .00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	. 0		0	.00		.00	.000		.00		.00
HSC HOSPITALS	0		0	.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0	.00		.00	.000		.00		.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES MONTH	H-OF-PAYMENT RE	PORT FOR JAN 2	004 THRU DE	C 2004	PAGE 18,479
MOP024	FEE-FOR-SERVICE/D	ENTAL					03/14/05
YUBA COUNTY	SUMMARY OF SERVIC	ES FOR RENAL DIALYSIS		AID CODES	71		
					MON		GE
00 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$		•
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	Λ	Λ	.00	.00	.000	.00	.00
	U	O					
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0 0 0	0 0 0	.00	.00	.000	.00	.00

SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MONTH-C	OF-PAYMENT RE	EPORT	FOR JAN 200	04 THRU	DEC	2004	PA	GE 18,480
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR	RENAL	DIALYSIS		i	AID CODES 7					
							M	IONTH	ILY AVERA	GE -	

					MON	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$ .00	\$ .00	.000 \$	.00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,481 FEE-FOR-SERVICE/DENTAL

03/14/05

YUBA COUNTY SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION AID CODES 73

					MONT	THLY AVERAGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
@PHYSICIANS SERVICES	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0		0		.00		.00	.000		.00		.00
	0		0	\$	.00	\$	.00		\$	.00	\$	.00
@DENTIST	•		0	ې		Ą			Ş		Ą	
VISITS - DIAGNOSTIC	0				.00		.00	.000		.00		.00
ORAL SURGERY	•		0		.00		.00	.000		.00		.00
DRUGS	0		0		.00		.00	.000		.00		.00
ANESTHESIA	0		0		.00		.00	.000		.00		.00
PERIODONTICS	0		0		.00		.00	.000		.00		.00
ENDODONTICS	0		0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0		0		.00		.00	.000		.00		.00
PROSTHETICS	0		0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0		0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0		0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0		0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0		0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0		0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXP	ENDIT	URES MO	ONTH-OF-PAYMENT R	EPOR1	FOR JAN 2	2004 THRU	DEC	2004	Ρ	AGE 18,482
MOP024	FEE-FOR-SERVICE	/DENTAL										03/14/05
YUBA COUNTY	SUMMARY OF SERV	ICES FOR	TOTAL	PARENT	TERAL NUTRITION		AID CODES	73				
								N	IONT	HLY AVERA	GΕ	
00 ELIGIBLES	USERS	UNITS OF	SERVI	CE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CA	RE		PEF	R UNIT/DAY	PER ELIC	,	USER		ELIGIBLE
@OPTOMETRIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	Ś	.00	\$	.00	.000	Ś	.00	\$	.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		Ö		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$	.00	\$	.00	.000	Ś	.00	\$	.00
NURSE ANESTHESIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$	.00	Ś	.00
FAMILY NURSE PRACTITIONER	0		0	¢	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0		0	Ś	.00	Ś	.00	.000		.00	Ś	.00
HOSP INPATIENT TOTAL	0		0	Y	.00	Ÿ	.00	.000	Y	.00	Y	.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	•		-									
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		Ü		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00

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ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 0 \$	.00	\$ .00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MON	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2004 THRU DEC	2004	PAGE 18,483
MOP024	FEE-FOR-SERVICE	/DENTAL					03/14/05
VIID A COUNTRY	CINANDI OF CERT	TORS FOR MORAL DARRING		3.50 00000	E 0		
YUBA COUNTY	SUMMARY OF SERV	ICES FOR TOTAL PARENTE	KAL NUTRITION	AID CODES	/3		
YUBA COUNTY	SUMMARY OF SERV	ICES FOR TOTAL PARENTE	ERAL NUTRITION	AID CODES	/3 MONT	HLY AVERA	GE
YUBA COUNTY  00 ELIGIBLES	USERS	UNITS OF SERVICE	ERAL NUTRITION  EXPENDITURES	AID CODES  AVERAGE COST	MONT	HLY AVERA	GE COST PER
					MONT		-
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL		UNITS OF SERVICE		AVERAGE COST	MONT UNITS/DAYS	COST PER	COST PER
00 ELIGIBLES	USERS 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES .00 .00	AVERAGE COST PER UNIT/DAY	MONT UNITS/DAYS PER ELIG	COST PER USER .00 .00	COST PER ELIGIBLE
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	USERS 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	EXPENDITURES .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00	MONT UNITS/DAYS PER ELIG .000 \$	COST PER USER .00 .00	COST PER ELIGIBLE \$ .00 .00
00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	USERS 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0	EXPENDITURES .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00	MONT UNITS/DAYS PER ELIG .000 \$	COST PER USER .00 .00	COST PER ELIGIBLE \$ .00 .00
00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	USERS 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0	EXPENDITURES .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00	MONT UNITS/DAYS PER ELIG .000 \$ .000	COST PER USER .00 .00	COST PER ELIGIBLE \$ .00 .00
00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	USERS 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0	EXPENDITURES	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$ .000 .000	COST PER USER .00 .00 .00	COST PER ELIGIBLE \$ .00 .00 .00
00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	USERS 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0	EXPENDITURES	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000	COST PER USER .00 .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00
00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	USERS 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00
00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	USERS 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00
00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00
00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	USERS 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00
00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG     .000 \$     .000     .000     .000     .000     .000     .000     .000     .000     .000     .000     .000     .000	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00
00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG     .000 \$     .000     .000     .000     .000     .000     .000     .000     .000     .000     .000     .000     .000     .000     .000     .000	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00
00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00
00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00
00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .
00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .

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@NURSING FACILITY

LEV B-REHAB MD

LEV B-REGULAR

ICF DDH

ICF DD

DEVELOP. DISABLED

LEV A-INTERMEDIATE

LEV B-SUBACUTE FREESTANDING

LEV B-SUBACUTE HSPTL BASED

LEV B-TRANSITIONAL IP CARE

@INTERMEDIATE CARE FACIL.-DD

ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0		0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0		0		.00		.00	.000		.00		.00
SURGICENTER	0		0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXE	PENDITUR	ES MO	NTH-OF-PAYMENT RE	EPORI	' FOR JAN 2	2004 THRU	DEC	2004	PA	GE 18,484
MOP024	FEE-FOR-SERVICE/I	ENTAL										03/14/05
MOP024 YUBA COUNTY	FEE-FOR-SERVICE/I SUMMARY OF SERVICE		TOTAL P	ARENT	ERAL NUTRITION		AID CODES	73				03/14/05
			TOTAL P	ARENT	ERAL NUTRITION		AID CODES		ONT	HLY AVERA	GE -	03/14/05
	SUMMARY OF SERVICE				ERAL NUTRITION  EXPENDITURES		AID CODES	M		HLY AVERA		03/14/05  OST PER
YUBA COUNTY	SUMMARY OF SERVIC	CES FOR	SERVICE	ŀ		AVE		M UNITS/DAY PER ELIG	S	COST PER USER	С	
YUBA COUNTY	SUMMARY OF SERVIC	CES FOR UNITS OF	SERVICE	ŀ	EXPENDITURES .00	AVE	RAGE COST	M UNITS/DAY PER ELIG .000	S	COST PER USER .00	С	 OST PER
YUBA COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	SUMMARY OF SERVIC	CES FOR UNITS OF	SERVICE	ŀ	EXPENDITURES .00 .00	AVE	RAGE COST UNIT/DAY .00 .00	UNITS/DAY PER ELIG .000 .000	S	COST PER USER .00	C E	OST PER LIGIBLE .00
YUBA COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	SUMMARY OF SERVIC	CES FOR UNITS OF	SERVICE	ŀ	EXPENDITURES .00 .00 .00	AVE	RAGE COST UNIT/DAY .00 .00	UNITS/DAY PER ELIG .000 .000	S	COST PER USER .00 .00	C E	OST PER LIGIBLE .00 .00
YUBA COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	SUMMARY OF SERVIC	CES FOR UNITS OF	SERVICE	ŀ	EXPENDITURES	AVE	RAGE COST UNIT/DAY .00 .00 .00	M UNITS/DAY PER ELIG .000 .000 .000	S	USER .00 .00 .00 .00	C E	OST PER LIGIBLE .00 .00
YUBA COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	SUMMARY OF SERVIC	CES FOR UNITS OF	SERVICE	ŀ	EXPENDITURES .00 .00 .00 .00	AVE	RAGE COST UNIT/DAY .00 .00 .00 .00	M UNITS/DAY PER ELIG .000 .000 .000	S	OST PER USER .00 .00 .00 .00	C E	OST PER LIGIBLE .00 .00 .00
YUBA COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	SUMMARY OF SERVIC	CES FOR UNITS OF	SERVICE	ŀ	EXPENDITURES	AVE	RAGE COST UNIT/DAY .00 .00 .00	M UNITS/DAY PER ELIG .000 .000 .000	S	USER	C E	OST PER LIGIBLE .00 .00
YUBA COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	SUMMARY OF SERVIC	CES FOR UNITS OF	SERVICE	ŀ	EXPENDITURES	AVE	RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00	M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000	S	USER	C E	OST PER LIGIBLE .00 .00 .00 .00 .00
YUBA COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	SUMMARY OF SERVIC	CES FOR UNITS OF	SERVICE	ŀ	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE	RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00	M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000	S	USER	C E	OST PER LIGIBLE .00 .00 .00 .00 .00 .00
YUBA COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	SUMMARY OF SERVIC	CES FOR UNITS OF	SERVICE	ŀ	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVE	RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .0	M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	S	USER	C E	OST PER LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
YUBA COUNTY  00 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	SUMMARY OF SERVIC	CES FOR UNITS OF	SERVICE	ŀ	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE	RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00	M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000	S	USER	C E	OST PER LIGIBLE .00 .00 .00 .00 .00 .00

OPTICIAN         0         0         .00         .00         .00         .00         .00           PHYSICAL THERAPIST         0         0         .00         .00         .00         .00         .00           PORTABLE X-RAY         0         0         .00         .00         .00         .00         .00           PROSTHETIST/ORTHOTISTS         0         0         .00         .00         .00         .00         .00           PROSTHETICS         0         0         .00         .00         .00         .00         .00           ORTHOTICS         0         0         .00         .00         .00         .00         .00	.00
PHYSICAL THERAPIST         0         0         .00         .00         .00         .00         .00           PORTABLE X-RAY         0         0         .00         .00         .00         .00         .00           PROSTHETIST/ORTHOTISTS         0         0         .00         .00         .00         .00         .00           PROSTHETICS         0         0         .00         .00         .00         .00         .00           ORTHOTICS         0         0         .00         .00         .00         .00         .00	.00
PORTABLE X-RAY         0         0         .00         .00         .00         .00           PROSTHETIST/ORTHOTISTS         0         0         .00         .00         .00         .00           PROSTHETICS         0         0         .00         .00         .00         .00           ORTHOTICS         0         0         .00         .00         .00         .00	.00
PROSTHETIST/ORTHOTISTS         0         0         .00         .00         .00         .00           PROSTHETICS         0         0         .00         .00         .00         .00           ORTHOTICS         0         0         .00         .00         .00         .00	.00
PROSTHETICS         0         0         .00         .00         .00         .00           ORTHOTICS         0         0         .00         .00         .00         .00	.00
ORTHOTICS 0 0 .00 .00 .00 .00	.00
	.00
	.00
PSYCHOLOGIST 0 0 .00 .00 .00 .00	.00
SPEECH AND AUDIOLOGY 0 0 .00 .00 .00 .00	.00
HOSPICE SERVICES 0 0 .00 .00 .00 .00	.00
NONINST BIRTHING CENTERS 0 0 .00 .00 .00 .00	.00
LOCAL EDUCATION AGENCIES 0 0 .00 .00 .00 .00	.00
EPSDT SUPPLEMENTAL SERVICE 0 0 .00 .00 .00 .00	.00
RESPIRATORY CARE PRACT. 0 0 .00 .00 .00 .00	.00
PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00 .00	.00
ALL OTHER PROVIDERS 0 0 .00 .00 .00 .00	.00
@CALIF. CHILDREN SERVICES* 0 0 \$ .00 \$ .00 \$ .00 \$	.00
@XOVER EXCLUDING STATE HOSP** 0	.00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,485 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

IODA COUNTI	DOMINANT OF DEIN	VICED FOR INCA ADIEN	D AID	CODED 31 32 30	5 /		
					MON	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@PHYSICIANS SERVICES	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2004 THRU D	DEC 2004	PAGE 18,486
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/05

YUBA COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

IODA COONII	DOMINANT OF DERVICED FOR	· INCA AI		AID		31 32 30	57			
							MOI	NTHLY AVE	RAGI	Ξ
00 ELIGIBLES	USERS UNITS C	OF SERVICE	€.	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PE	R	COST PER
	OR DAY	S OF CARE	€		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$ .0	0 5	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000	. (	0	.00
EYE APPLIANCES	0	0		.00		.00	.000	. (	0	.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	. (	0	.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$ .0	0 5	.00
VISITS	0	0		.00		.00	.000	. (	0	.00
OTHER SERVICES	0	0		.00		.00	.000	. (	0	.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$ .0	0 5	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	. (	0	.00
SURGERY/ANES.	0	0		.00		.00	.000	. (	0	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	. (	0	.00
OTHER	0	0		.00		.00	.000	. (	0	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$ .0	0 5	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$ .0	0 5	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$ .0	0 5	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$ .0	0 5	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$ .0	0 5	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$ .0	0 5	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000	. (	0	.00
HSC HOSPITALS	0	0		.00		.00	.000	. (		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	. (		.00
ACCOMMODATIONS	0	0		.00		.00	.000	. (	0	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	. (		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	. (		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	. (		.00
ANCILLARIES	0	0		.00		.00	.000	. (		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	. (		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	. (	0	.00

HOSP OUTPATIENT TOTAL	0	0	.0	0	.00	.000	.00	.00
MEDICAL	0	0	.0	0	.00	.000	.00	.00
SURGERY	0	0	.0	0	.00	.000	.00	.00
PATHOLOGY	0	0	.0	0	.00	.000	.00	.00
RADIOLOGY	0	0	.0	0	.00	.000	.00	.00
ROOM USE	0	0	.0	0	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.0	0	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.0	0 \$	.00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.0	0	.00	.000	.00	.00
HSC HOSPITALS	0	0	.0	0	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.0	0	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.0	0	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.0	0	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.0	0	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.0	0	.00	.000	.00	.00
ANCILLARIES	0	0	.0	0	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.0	0	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.0	0	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.0	0	.00	.000	.00	.00
MEDICAL	0	0	.0	0	.00	.000	.00	.00
SURGERY	0	0	.0		.00	.000	.00	.00
PATHOLOGY	0	0	.0	0	.00	.000	.00	.00
RADIOLOGY	0	0	.0		.00	.000	.00	.00
ROOM USE	0	0	.0		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.0	0	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN 200	4 THRU DEC	2004	PAGE 18,487
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR	IRCA ALIE	ENS AI	D CODES	51 52 56 57			
						MONT	DITT V ATTED A C	77

					MONT	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	Ο		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	Ċ	.00	Ś	.00	.000	Ś	.00	Ċ	.00
	0	0	ې		۲			۲		Ą	
ICF DDH	U	0		.00		.00	.000		.00		.00
ICF DD	U	Ü		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MOI	NTH-OF-PAYMENT RE	EPORT	FOR JAN 200	04 THRU	DEC	2004	PAG	GE 18,488
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR	IRCA A	LIENS	AID (	CODES	51 52 56 5	7				. ,
			_					ONT	HLY AVERA	GE	

					MON'	THLY AVERAGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00

@XOVER EXCLUDING STATE HOSP\*\* 0 0 \$ .00 \$ .00 \$ .00 \$ .00

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03/14/05

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004

MOP024 FEE-FOR-SERVICE/DENTAL
YUBA COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

10211 0001111	MONTHLY AVERAGE								
790 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER		
========		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE		
@TOTAL, ALL PROVIDERS	449	2,899 \$	367,152.23	\$ 126.65	3.670 \$				
@PHYSICIANS SERVICES	190	553 \$	•	\$ 86.82	.700 \$	252.70	\$ 60.78		
OUTPATIENT VISITS	58	87	7,099.63	81.60	.110	122.41	8.99		
OFFICE VISITS	4	5	253.41	50.68	.006	63.35	.32		
HOME VISITS	0	0	.00	.00	.000	.00	.00		
EMERGENCY ROOM	6	7	424.20	60.60	.009	70.70	.54		
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00		
OB VISITS/COMPRE PERI	47	67	6,006.82	89.65	.085	127.80	7.60		
OTHER OUTPATIENT	2	8	415.20	51.90	.010	207.60	.53		
INPATIENT VISITS	33	100	4,719.75	47.20	.127	143.02	5.97		
HOSPITAL VISITS	33	98	4,522.82	46.15	.124	137.06	5.73		
CRITICAL CARE	1	2	196.93	98.47	.003	196.93	.25		
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00		
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00		
EXAMINATIONS	0	0	.00	.00	.000	.00	.00		
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00		
INPATIENT HOSPITAL SURGERY	32	76	22,084.19	290.58	.096	690.13	27.95		
PRINCIPAL SURGEON	24	28	19,147.20	683.83	.035	797.80	24.24		
ASSISTANT SURGEON	7	7	1,212.25	173.18	.009	173.18	1.53		
ANESTHESIOLOGIST	10	41	1,724.74	42.07	.052	172.47	2.18		
OUTPATIENT SURGERY	23	55	5,618.33	102.15	.070	244.28	7.11		
PRINCIPAL SURGEON	21	30	4,553.22	151.77	.038	216.82	5.76		

ASSISTANT SURGEON	1	1			244.60		244.60	.001		244.60		.31
ANESTHESIOLOGIST	5	24			820.51		34.19	.030		164.10		1.04
DIALYSIS	1	1			225.04		225.04	.001		225.04		.28
PATHOLOGY	7	53			990.48		18.69	.067		141.50		1.25
RADIOLOGY	87	141			5,790.66		41.07	.178		66.56		7.33
PSYCHIATRY	0	0			.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0			.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	22	40			1,485.74		37.14	.051		67.53		1.88
@PHARMACY	138	264	\$		14,556.73	\$	55.14	.334	\$	105.48	\$	18.43
PRESCRIPTION DRUGS	136	254			13,991.72		55.09	.322		102.88		17.71
SNF/ICF	0	0			.00		.00	.000		.00		.00
OUTPATIENTS	136	254			13,991.72		55.09	.322		102.88		17.71
MEDICAL SUPPLIES	5	10			565.01		56.50	.013		113.00		.72
@DENTIST	2	3	\$		75.00	\$	25.00	.004	\$	37.50	\$	.09
VISITS - DIAGNOSTIC	2	2			30.00		15.00	.003		15.00		.04
ORAL SURGERY	1	1			45.00		45.00	.001		45.00		.06
DRUGS	0	0			.00		.00	.000		.00		.00
ANESTHESIA	0	0			.00		.00	.000		.00		.00
PERIODONTICS	0	0			.00		.00	.000		.00		.00
ENDODONTICS	0	0			.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0			.00		.00	.000		.00		.00
PROSTHETICS	0	0			.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0			.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0			.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0			.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0			.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0			.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0			.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	JRES	MONTH-C	OF-PAYMENT R	EPOR	T FOR JAN	2004 THRU	DEC	2004	Р	AGE 18,490
MOP024	FEE-FOR-SERVICE/DENTAL	J										03/14/05
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							MC	TNC	HLY AVERA	GΕ	
790 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CAR	E		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	28	48	\$	2,467.27	\$	51.40	.061	\$	88.12	\$	3.12
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	9	19	\$	6,473.57	\$	340.71	.024	\$	719.29	\$	8.19
PEDIATRIC NURSE PRACTITIONER	. 0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	188	1,416	\$	266,696.48	\$	188.34	1.792	\$	1418.60	\$	337.59
HOSP INPATIENT TOTAL	42	187		239,380.98		1280.11	.237		5699.55		303.01
HSC HOSPITALS	9	32		44,329.03		1385.28	.041		4925.45		56.11
NON-HSC HOSPITAL TOTAL	33	155		195,051.95		1258.40	.196		5910.67		246.90
ACCOMMODATIONS	33	155		73,144.08		471.90	.196		2216.49		92.59

SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

YUBA COUNTY

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	33	155		73,144.08		471.90	.196	2	216.49		92.59
ANCILLARIES	33	0		121,907.87		.00	.000	3	8694.18		154.31
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	168	1,229		27,315.50		22.23	1.556		162.59		34.58
MEDICAL	38	49		2,952.61		60.26	.062		77.70		3.74
SURGERY	12	16		762.11		47.63	.020		63.51		.96
PATHOLOGY	85	493		5,405.75		10.97	.624		63.60		6.84
RADIOLOGY	53	62		3,501.39		56.47	.078		66.06		4.43
ROOM USE	87	178		6,350.75		35.68	.225		73.00		8.04
CROSSOVERS/ALL OTH OUTPINT	75	431		8,342.89		19.36	.546		111.24		10.56
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		JRES :	MONTH-OF-PAYMENT R	EPOR.	T FOR JAN 2	2004 THRU	DEC 2	2004	PA	GE 18,491
MOP024	FEE-FOR-SERVICE/DEN										03/14/05
YUBA COUNTY	SUMMARY OF SERVICES	FOR MI/MN	ALIE	N WITHOUT SIS AID	CODE	55 58 5F					
									37 3 T T T T T 3		

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					MONTHLY AVERAGE				
790 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	CC	OST PER	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ΕI	LIGIBLE	
@COMMUNITY HOSPITAL TOTAL	188	1,416	\$ 266,696.48	\$ 188.34	1.792	\$ 1418.60	\$	337.59	
COMM HOSP INPATIENT TOTAL	42	187	239,380.98	1280.11	.237	5699.55		303.01	
HSC HOSPITALS	9	32	44,329.03	1385.28	.041	4925.45		56.11	
NON-HSC HOSPITALS TOTAL	33	155	195,051.95	1258.40	.196	5910.67		246.90	
ACCOMMODATIONS	33	155	73,144.08	471.90	.196	2216.49		92.59	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00	
ALL OTHER ACCOM	33	155	73,144.08	471.90	.196	2216.49		92.59	
ANCILLARIES	33	0	121,907.87	.00	.000	3694.18		154.31	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00	
COMM HOSP OUTPATIENT TOTAL	168	1,229	27,315.50	22.23	1.556	162.59		34.58	
MEDICAL	38	49	2,952.61	60.26	.062	77.70		3.74	
SURGERY	12	16	762.11	47.63	.020	63.51		.96	
PATHOLOGY	85	493	5,405.75	10.97	.624	63.60		6.84	
RADIOLOGY	53	62	3,501.39	56.47	.078	66.06		4.43	
ROOM USE	87	178	6 <b>,</b> 350.75	35.68	.225	73.00		8.04	
CROSSOVERS/ALL OTH OUTPTNT	75	431	8,342.89	19.36	.546	111.24		10.56	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$	.00	

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	2	2	\$	3,674.12	\$	1837.06	.003	\$	1837.06	\$	4.65
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	2	2		3,674.12		1837.06	.003		1837.06		4.65
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	89	292	\$	4,099.99	\$	14.04	.370	\$	46.07	\$	5.19
PATHOLOGY	89	292		4,099.99		14.04	.370		46.07		5.19
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	74	154	\$	14,412.92	\$	93.59	.195	\$	194.77	\$	18.24
CLINIC	1	1		544.28		544.28	.001		544.28		.69
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	74	153		13,868.64		90.64	.194		187.41		17.56
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		IRES MO	NTH-OF-PAYMENT RI	EPOR	T FOR JAN 20	004 THRU	DEC	2004	PA	AGE 18,492
MOP024	FEE-FOR-SERVICE/DENTA										03/14/05
YUBA COUNTY	SUMMARY OF SERVICES I	FOR MI/MN	ALIEN	WITHOUT SIS AID (	CODE						
									HLY AVERA		

					MOI	NTHLY AVERAG	E
790 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	39	148 \$	6,682.33	\$ 45.15	.187	\$ 171.34	\$ 8.46
DURABLE MED. EQUIP.	1	1	99.99	99.99	.001	99.99	.13
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	16	124	4,167.34	33.61	.157	260.46	5.28
AMBULANCES/AIR TRANS	16	123	2,367.34	19.25	.156	147.96	3.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.001	1800.00	2.28
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	23	23	2,415.00	105.00	.029	105.00	3.06
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000		.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000		.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000		.00	.00
@CALIF. CHILDREN SERVICES*	13	122	\$ 31,718.04	\$ 259.98	.154	\$ 243	39.85	\$ 40.15
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$	.00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,493
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

YUBA COUNTY	SUMMARY OF SERV	JICES FOR REFU	GEES	5	AID	CODES	01 02 08	0A				
								MO	TNC	HLY AVERA	GE	
28 ELIGIBLES	USERS	UNITS OF SERV	ICE		EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF C	ARE			PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	11	55		\$	8,646.02	\$	157.20	1.964	\$	786.00	\$	308.79
@PHYSICIANS SERVICES	3	17		\$	1,741.63	\$	102.45	.607	\$	580.54	\$	62.20
OUTPATIENT VISITS	3	5			397.58		79.52	.179		132.53		14.20
OFFICE VISITS	1	1			24.00		24.00	.036		24.00		.86
HOME VISITS	0	0			.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0			.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0			.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	2	4			373.58		93.40	.143		186.79		13.34
OTHER OUTPATIENT	0	0			.00		.00	.000		.00		.00
INPATIENT VISITS	0	0			.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0			.00		.00	.000		.00		.00
CRITICAL CARE	0	0			.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0			.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0			.00		.00	.000		.00		.00
EXAMINATIONS	0	0			.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0			.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	2	7			924.34		132.05	.250		462.17		33.01
PRINCIPAL SURGEON	1	1			544.72		544.72	.036		544.72		19.45
ASSISTANT SURGEON	1	1			186.50		186.50	.036		186.50		6.66
ANESTHESIOLOGIST	1	5			193.12		38.62	.179		193.12		6.90
OUTPATIENT SURGERY	0	0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00		.00
DIALYSIS	0	0			.00		.00	.000		.00		.00
PATHOLOGY	0	0			.00		.00	.000		.00		.00
RADIOLOGY	1	1			94.32		94.32	.036		94.32		3.37
PSYCHIATRY	0	0			.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0			.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	2	4			325.39		81.35	.143		162.70		11.62
@PHARMACY	5	11		\$	322.28	\$	29.30	.393	\$	64.46	\$	11.51
PRESCRIPTION DRUGS	5	11			322.28		29.30	.393		64.46		11.51
SNF/ICF	0	0			.00		.00	.000		.00		.00
OUTPATIENTS	5	11			322.28		29.30	.393		64.46		11.51
MEDICAL SUPPLIES	0	0			.00		.00	.000		.00		.00
@DENTIST	1	3		\$	.00	\$	.00	.107	\$	.00	\$	.00
VISITS - DIAGNOSTIC	1	3			.00		.00	.107		.00		.00
ORAL SURGERY	0	0			.00		.00	.000		.00		.00
DRUGS	0	0			.00		.00	.000		.00		.00
ANESTHESIA	0	0			.00		.00	.000		.00		.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 18,494
MOP024	FEE-FOR-SERVICE/DEN	NTAL					03/14/05
YUBA COUNTY	SUMMARY OF SERVICES	FOR REFUGEES	AID	CODES 01 02 08	0A		
					MON	THLY AVERA	GE
28 ELIGIBLES	USERS UNI	ITS OF SERVICE	EXPENDITURES	AVERAGE COST		THLY AVERA COST PER	GE COST PER
28 ELIGIBLES		ITS OF SERVICE R DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY			-
28 ELIGIBLES			EXPENDITURES .00		UNITS/DAYS	COST PER USER	COST PER
		R DAYS OF CARE		PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST		R DAYS OF CARE	.00	PER UNIT/DAY	UNITS/DAYS PER ELIG .000 \$	COST PER USER .00	COST PER ELIGIBLE \$ .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED		R DAYS OF CARE	.00	PER UNIT/DAY \$ .00 .00	UNITS/DAYS PER ELIG .000 \$ .000	COST PER USER .00 .00	COST PER ELIGIBLE \$ .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES		R DAYS OF CARE	.00	PER UNIT/DAY \$ .00 .00 .00	UNITS/DAYS PER ELIG .000 \$ .000	COST PER USER .00 .00 .00	COST PER ELIGIBLE \$ .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES		R DAYS OF CARE 0 \$ 0 0 0 0	.00 .00 .00	PER UNIT/DAY \$ .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$ .000 .000 .000	COST PER USER .00 .00 .00	COST PER ELIGIBLE \$ .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR		R DAYS OF CARE 0 \$ 0 0 0 0	.00 .00 .00 .00	PER UNIT/DAY \$ .00 .00 .00 .00 \$ .00	UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 \$	COST PER USER .00 .00 .00 .00	COST PER ELIGIBLE \$ .00 .00 .00 .00 \$ .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS		R DAYS OF CARE 0 \$ 0 0 0 0	.00 .00 .00 .00 .00 .00	PER UNIT/DAY \$ .00 .00 .00 .00 \$ .00 \$ .00	UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 \$ .000 .000 \$	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$ .00 .00 .00 .00 \$ .00 .00 .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES		R DAYS OF CARE  0 \$ 0 0 0 0 5 0 0 0 0 0 0	.00 .00 .00 .00 .00	PER UNIT/DAY \$ .00 .00 .00 .00 \$ .00 \$ .00 .00 .00 .00	UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000	COST PER USER .00 .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$ .00 .00 .00 .00 \$ .00 .00
@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST		R DAYS OF CARE  0 \$ 0 0 0 0 5 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00	PER UNIT/DAY \$ .00 .00 .00 .00 \$ .00 \$ .00 .00 \$ .00 \$ .00 \$ .00 \$ .00	UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 \$ .000 .000 \$	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$ .00 .00 .00 .00 \$ .00 .00 .00 .00

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OTHER

@HOME HEALTH AGENCY

NURSE ANESTHESIST

PEDIATRIC NURSE PRACTITIONER

NURSE MIDWIFE

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AMOMAL HOODEMAL	3	7	\$ 6,251.44	\$ 893.06	250 ¢	3125.72	•
@TOTAL HOSPITAL		(	0,231.44	1040 24	.250 \$	6242.03	
HOSP INPATIENT TOTAL	1	0	0,242.03	1040.34	.214		222.93
HSC HOSPITALS	0	0	.00	1040.34 .00 1040.34 375.96	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	6	6,242.03	1040.34	.214	6242.03	222.93 80.56
ACCOMMODATIONS	1	6	2,255.76	3/5.96		2255.76	
ADMINISTRATIVE DAYS	0	0	.00		.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	6	2 <b>,</b> 255.76		.214	2255.76	80.56
ANCILLARIES	1	0	3,986.27		.000	3986.27	142.37
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	1	9.41	9.41	.036	9.41	.34
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	9.41	9.41	.036	9.41	.34
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00		.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00		.000	.00	.00
@COUNTY HOSPITAL TOTAL	0			\$ .00	.000 \$		
CO HOSPITAL INPATIENT TOTAL	0	0	.00		.000	.00	.00
HSC HOSPITALS	0	0	.00		.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.000		.00
ACCOMMODATIONS	0	0	.00		.000	.00	.00
	0	0					
ADMINISTRATIVE DAYS	0	0	.00		.000		.00
TRANSITIONAL IP CARE	U	0	.00		.000		.00
ALL OTHER ACCOM	U	U	.00		.000		.00
ANCILLARIES	0	0	.00		.000		.00
INPATIENT CROSSOVERS	0	0	.00		.000	.00	.00
ALL OTHER INPATIENT	0	0	.00		.000		.00
CO HOSP OUTPATIENT TOTAL	0	0	.00		.000		.00
MEDICAL	0	0	.00		.000	.00	.00
SURGERY	0	0	.00		.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	S MONTH-OF-PAYMENT	REPORT FOR JAN	2004 THRU DE	C 2004	PAGE 18,495
MOP024	FEE-FOR-SERVICE/DENTAL	ı					03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FO		AID	CODES 01 02 08	3 0A		
					MON	THLY AVERA	GE
28 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES	AVERAGE COST			
_,		YS OF CARE		PER UNIT/DAY			ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2		\$ 6,251.44	\$ 893.06			\$ 223.27
COMM HOSP INPATIENT TOTAL	1	6		1040.34	.214		
HSC HOSPITALS	0	0	.00		.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	6	6,242.03		.214	6242.03	222.93
	1	6					
ACCOMMODATIONS	1			375.96	.214		
ADMINISTRATIVE DAYS	0	0	.00		.000	.00	.00
TRANSITIONAL IP CARE	U	0	.00		.000	.00	.00
ALL OTHER ACCOM	1	6	2,255.76		.214	2255.76	80.56
ANCILLARIES	Ţ	Ü	3,986.27		.000	3986.27	142.37
INPATIENT CROSSOVERS	0	0	.00		.000	.00	.00
ALL OTHER INPATIENT	0	0	.00		.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	1	9.41		.036	9.41	.34
MEDICAL	0	0	.00	.00	.000	.00	.00

FAMILY NURSE PRACTITIONER

3 5 \$ 112.46 \$ 22.49 .179 \$ 37.49 \$ 4.02

SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	1		9.41		9.41	.036		9.41		.34
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	Ś	.00	\$	.00
MENTALLY ILL	0	0	-	.00	Т.	.00	.000	Т	.00	т.	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$		\$	.00
LEV A-INTERMEDIATE	0	0	Ψ.	.00	т	.00	.000	т	.00	т	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B SOBACOTE HISTEL BASED LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	Ś	.00	.000	\$		Ś	.00
ICF DDH	0	0	Ą	.00	۲	.00	.000	۲	.00	ې	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
	0	0				.00	.000		.00		.00
ICF DDN/DDCN	0	0	\$	.00	\$	.00	.000	\$	.00	ċ	.00
@HEMODIALYSIS TOTAL	0	ŭ	Ą		Ş			Ą		Ş	
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	<u> </u>	.00	<u> </u>	.00	.000	<u> </u>	.00	<u>^</u>	.00
@REHABILITATION FACILITY	U	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	U	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	_	.00	_	.00	.000	_	.00	_	.00
@LABORATORY FACILITY	3	9	\$	101.05	\$	11.23	.321	\$		\$	3.61
PATHOLOGY	3	9		101.05		11.23	.321		33.68		3.61
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	2	3	\$	117.16	\$	39.05	.107	Ş		\$	4.18
CLINIC	1	2		22.94		11.47	.071		22.94		.82
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1	1		94.22		94.22	.036		94.22		3.37
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		RES N	MONTH-OF-PAYMENT I	REPORT	r for jan 2	2004 THRU	DEC	2004	PA	GE 18,496
MOP024	FEE-FOR-SERVICE/DEN										03/14/05
YUBA COUNTY	SUMMARY OF SERVICES	FOR REFUGER	ES	AID	CODES	S 01 02 08	0A				
							N	ITNON	HLY AVERA	GE -	
28 ELIGIBLES	USERS UNI	TS OF SERVICE	C	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	ZS (	COST PER	С	OST PER
	OF	R DAYS OF CARE	C		PEF	R UNIT/DAY	PER ELIC	3	USER	Ε	LIGIBLE
@ALL OTHER PROVIDERS	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
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OTHER TRANS

ACUPUNCTURE

OPTICIAN

OTHER SERVICES

PHYSICAL THERAPIST

PORTABLE X-RAY

ADULT DAY HEALTH CARE CTR

IHMC, MODEL-NF, NF, AIDS, MSSP

GENETIC DISEASE TESTING

OCCUPATIONAL THERAPIST

PROSTHETIST/ORTHOTISTS

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,497 FEE-FOR-SERVICE/DENTAL

03/14/05

YUBA COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES OM ON OP

YUBA COUNTY	SUMMARY OF SER	VICES FOR BCCTP-FEDERAL	Α.	ID CODES OM ON			
					MON	THLY AVERA	GE
75 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	100	1,013 \$	91,323.85	\$ 90.15	13.507 \$		\$ 1217.65
@PHYSICIANS SERVICES	46	399 \$	14,874.38	\$ 37.28	5.320 \$		
OUTPATIENT VISITS	25	35	1,075.82	30.74	.467	43.03	14.34
OFFICE VISITS	20	22	706.20	32.10	.293	35.31	9.42
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	8	13	369.62	28.43	.173	46.20	4.93
INPATIENT VISITS	5	38	1,495.86	39.36	.507	299.17	19.94
HOSPITAL VISITS	5	38	1,495.86	39.36	.507	299.17	19.94
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	3	1,500.55	500.18	.040	750.28	20.01
PRINCIPAL SURGEON	2	2	1,313.66	656.83	.027	656.83	17.52
ASSISTANT SURGEON	1	1	186.89	186.89	.013	186.89	2.49
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	2	336.85	168.43	.027	168.43	4.49
PRINCIPAL SURGEON	2	2	336.85	168.43	.027	168.43	4.49
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	24	61	4,036.70	66.18	.813	168.20	53.82
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	4	249	6,145.58	24.68	3.320	1536.40	81.94
OTHER SERVICES/ALL X-OVERS	7	11	283.02	25.73	.147	40.43	3.77
@PHARMACY	61	231 \$	17,810.45	\$ 77.10	3.080 \$	291.97	\$ 237.47
PRESCRIPTION DRUGS	60	222	17,450.76	78.61	2.960	290.85	232.68
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	60	222	17,450.76	78.61	2.960	290.85	232.68

MEDICAL SUPPLIES	6		9		359.69	)	39.97	.120		59.95		4.80
@DENTIST	2		7	\$	413.00		59.00	.093	Ś	206.50	Ś	5.51
VISITS - DIAGNOSTIC	1		3	т	110.00		36.67	.040	-1	110.00	7	1.47
ORAL SURGERY	1		3		255.00		85.00	.040		255.00		3.40
DRUGS	0		0		.00		.00	.000		.00		.00
ANESTHESIA	0		0		.00		.00	.000		.00		.00
PERIODONTICS	0		0		.00		.00	.000		.00		.00
ENDODONTICS	0		0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	1		1		48.00		48.00	.013		48.00		.64
PROSTHETICS	0		0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0		0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0		0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0		0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0		0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	•	AND EVD	-	TO MONT					DEC		Ъ	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		ENDITURE	ES MONT	H-OF-PAYMENT	REPOR	T FOR JAN 2	2004 THRU	DEC	2004	Ρ.	AGE 18,498
MOP024	FEE-FOR-SERVICE/D					7 T D C	0000 014 011	0.0				03/14/05
YUBA COUNTY	SUMMARY OF SERVIC	ES FOR	BCCTP-F1	EDERAL		AID C	ODES OM ON		ONTE		C.E.	
75 81 1618186	HOEDO	NITEC OF	00011100			. 7.57		M				
75 ELIGIBLES		NITS OF			EXPENDITURES		ERAGE COST			COST PER		COST PER
0.0000000000000000000000000000000000000		OR DAYS		<b>^</b>	0.0		R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$	.00		.00	.000	Ş	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	U		0	\$	.00		.00	.000	Ş	.00	\$	.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$	.00		.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	1		24	Ş	1,707.46		71.14	.320	\$	1707.46	\$	22.77
NURSE ANESTHESIST	0		0	Ş	.00		.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0		0	\$	.00		.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER			0	\$	.00		.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0		0	\$	.00		.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	36		283	\$	51 <b>,</b> 497.51		181.97	3.773	\$	1430.49	\$	686.63
HOSP INPATIENT TOTAL	4		31		31,810.33		1026.14	.413		7952.58		424.14
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	4		31		31,810.33		1026.14	.413		7952.58		424.14
ACCOMMODATIONS	4		31		16,619.25		536.10	.413		4154.81		221.59
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	4		31		16,619.25	ò	536.10	.413		4154.81		221.59
ANGTITADIDG	4		^		1 - 1 0 1 0 0	1	0.0	000		2707 77		000 55

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78.12

26.39

54.19

11.48

62.81

29.45

15,191.08

19,687.18

1,213.77

3,957.08

162.56

723.08

382.80

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3797.77

579.03

93.37

54.19

45.19

42.53

263.81

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.00

202.55

262.50

16.18

2.17

9.64

5.10

52.76

.00

.00

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

ANCILLARIES

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

CROSSOVERS/ALL OTH OUTPINT	10	64	13,247.89	207.00	.853	1324.79	176.64
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN 2	2004 THRU DEC	2004	PAGE 18,499
MOP024	FEE-FOR-SERVICE/DEN	TAL					03/14/05
YUBA COUNTY	SUMMARY OF SERVICES	FOR BCCTP-FEDE	CRAL A	ID CODES OM ON	0 P		
					MON7	HLY AVERA	GE
75 ELIGIBLES	USERS UNI	TS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
	OF	DAYS OF CARE		PER UNIT/DAY	_	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	36	283 \$	51,497.51		3.773 \$	1430.49	\$ 686.63
COMM HOSP INPATIENT TOTAL	4	31	31,810.33	1026.14	.413	7952.58	424.14
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	4	31		1026.14	.413	7952.58	424.14
ACCOMMODATIONS	4	31	16,619.25	536.10	.413	4154.81	221.59
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	4	31		16,619.25		536.10	.413		4154.81		221.59
ANCILLARIES	4	0		15,191.08		.00	.000		3797.77		202.55
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	34	252		19,687.18		78.12	3.360		579.03		262.50
MEDICAL	13	46		1,213.77		26.39	.613		93.37		16.18
SURGERY	3	3		162.56		54.19	.040		54.19		2.17
PATHOLOGY	16	63		723.08		11.48	.840		45.19		9.64
RADIOLOGY	15	63		3 <b>,</b> 957.08		62.81	.840		263.81		52.76
ROOM USE	9	13		382.80		29.45	.173		42.53		5.10
CROSSOVERS/ALL OTH OUTPTNT		64		13,247.89		207.00	.853		1324.79		176.64
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	_	.00	_	.00	.000	_	.00	_	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	Ş	.00	Ş	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	7	15	\$	423.06	\$	28.20	.200	Ş	60.44	Ş	5.64
PATHOLOGY	7	15		423.06		28.20	.200		60.44		5.64
XO AND OTHERS	0	0	_	.00	_	.00	.000	_	.00	_	.00
@ORGANIZED OUTPATIENT CLINIC	27	39	\$	3,467.49	\$	88.91	.520	Ş	128.43	Ş	46.23
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	Ü	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	27	39		3,467.49		88.91	.520	550	128.43	ъ.	46.23
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE		RES MON	TH-OF-PAYMENT R	EPORT	FOR JAN	2004 THRU	DEC	2004	PF	AGE 18,500 03/14/05
	FEE-FOR-SERVICE/			7)	TD 00	DEG OM ON	OD				03/14/05
YUBA COUNTY	SUMMARY OF SERVI	CES FOR BUCTP-	FEDERAL	A	ID CO	DES OM ON	M			CE	
75 ELIGIBLES	USERS	INTEC OF CEDITO	יקי	EXPENDITURES	7/ 7/ 777	DACE COCE	UNITS/DAY				COST PER
/2 FIIGIPLES	USERS	UNITS OF SERVIC OR DAYS OF CAR		EVLENDIIOKE2			PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	5		.E. \$	1,130.50	\$		.200		226.10		15.07
DURABLE MED. EQUIP.	3	4	Ÿ	585.02			.053				
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	1	7		158.35		22.62	.093		158.35		2.11
AMBULANCES/AIR TRANS	1	7		158.35		22.62	.093		158.35		2.11
OTHER TRANS	U T	/ 0		.00		.00	.000		.00		.00
OTHER TRANS OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	U	U		.00		.00	.000		.00		• • • •

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00		.00	000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00		00.	000	.00	.00
OPTICIAN	0	0	.00		00.	000	.00	.00
PHYSICAL THERAPIST	0	0	.00		00.	000	.00	.00
PORTABLE X-RAY	0	0	.00		00.	000	.00	.00
PROSTHETIST/ORTHOTISTS	2	4	387.13	96.	78 .0	)53	193.57	5.16
PROSTHETICS	2	4	387.13	96.	78 .0	)53	193.57	5.16
ORTHOTICS	0	0	.00		00.	000	.00	.00
PSYCHOLOGIST	0	0	.00		.00	000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00		.00	000	.00	.00
HOSPICE SERVICES	0	0	.00		.00	000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00		.00	000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00		.00	000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	000	.00	.00
ALL OTHER PROVIDERS	0	0	.00		.00	000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$.	.00	000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$.	.00	000	\$ .00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,501 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

YUBA COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES OR OT OU OV

IODA COUNTI	DOMMANT OF DEIN	ATCHO FOR DCCIL DI	710 01	VIII AID (	CODED OIL OI	00 00		
						MO	NTHLY AVERA	GE
05 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE CO	ST UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/D	AY PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@PHYSICIANS SERVICES	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		MONTH-OF-PAYMENT H	REPORT FOR JAN	2004 THRU	DEC 2004	PAGE 18,502
MOP024	FEE-FOR-SERVICE/DENTA	L					03/14/05

SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES OR OT OU OV

YUBA COUNTY

						M	ONT	HLY AVERA	GE	
05 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE:	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITUR	ES MONTH-OF	-PAYMENT REPO	ORT FOR JAN 2	2004 THRU DEC	2004	PAGE 18,503
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR	BCCTP-ST	TATE-ONLY	AID CO	DES OR OT OU	0V		
						MONT	HLY AVERAC	SE

					MONT	HLY AVERAGE	
05 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND H	EXPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR JAN	2004 THRU DEC	2004	PAGE 18,504
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR	R BCCTP-STAT	E-ONLY AID	CODES OR OT OU	V0 V		
					MONT	THLY AVERAG	E
05 ELIGIBLES	USERS UNITS (	OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAY	S OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$	.00	\$ .00	.000 \$		\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00

 $<sup>\</sup>ensuremath{\text{@}}\star$  totals in these lines are given as a separate information item only;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,505 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 YUBA COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL

	MONTHLY AVERAGE -								
80 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	100	1,013	\$	91,323.85	\$ 90.15	12.663	\$ 913.24	\$	1141.55
@PHYSICIANS SERVICES	46	399	\$	14,874.38	\$ 37.28	4.988	\$ 323.36	\$	185.93
OUTPATIENT VISITS	25	35		1,075.82	30.74	.438	43.03		13.45
OFFICE VISITS	20	22		706.20	32.10	.275	35.31		8.83
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	8	13		369.62	28.43	.163	46.20		4.62
INPATIENT VISITS	5	38		1,495.86	39.36	.475	299.17		18.70
HOSPITAL VISITS	5	38		1,495.86	39.36	.475	299.17		18.70
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	2	3		1,500.55	500.18	.038	750.28		18.76
PRINCIPAL SURGEON	2	2		1,313.66	656.83	.025	656.83		16.42
ASSISTANT SURGEON	1	1		186.89	186.89	.013	186.89		2.34
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	2	2		336.85	168.43	.025	168.43		4.21
PRINCIPAL SURGEON	2	2		336.85	168.43	.025	168.43		4.21

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	24	61		4,036.70		66.18	.763		168.20		50.46
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	4	249		6,145.58		24.68	3.113		1536.40		76.82
OTHER SERVICES/ALL X-OVERS	7	11		283.02		25.73	.138		40.43		3.54
@PHARMACY	61	231	\$	17,810.45	\$	77.10	2.888	\$	291.97	\$	222.63
PRESCRIPTION DRUGS	60	222		17,450.76		78.61	2.775		290.85		218.13
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	60	222		17,450.76		78.61	2.775		290.85		218.13
MEDICAL SUPPLIES	6	9		359.69		39.97	.113		59.95		4.50
@DENTIST	2	7	\$	413.00	\$	59.00	.088	\$	206.50	\$	5.16
VISITS - DIAGNOSTIC	1	3		110.00		36.67	.038		110.00		1.38
ORAL SURGERY	1	3		255.00		85.00	.038		255.00		3.19
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	1	1		48.00		48.00	.013		48.00		.60
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDIT	URES M	ONTH-OF-PAYMENT R	EPOR	r for Jan	2004 THRU	DEC	2004	PΑ	AGE 18,506
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR	BCCTP	-TOTAL								

10211 0001111	COLUMNIC OF CEICLE	OLO FOIL DOOFF F	0								
							M	ONT	HLY AVERA	GΕ	
80 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	1	24	\$	1,707.46	\$	71.14	.300	\$	1707.46	\$	21.34
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	36	283	\$	51,497.51	\$	181.97	3.538	\$	1430.49	\$	643.72
HOSP INPATIENT TOTAL	4	31		31,810.33		1026.14	.388		7952.58		397.63
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	4	31		31,810.33		1026.14	.388		7952.58		397.63
ACCOMMODATIONS	4	31		16,619.25		536.10	.388		4154.81		207.74

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	31	16,619.25	536.10	.388	4154.81	207.74
ANCILLARIES	4	0	15,191.08	.00	.000	3797.77	189.89
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	34	252	19,687.18	78.12	3.150	579.03	246.09
MEDICAL	13	46	1,213.77	26.39	.575	93.37	15.17
SURGERY	3	3	162.56	54.19	.038	54.19	2.03
PATHOLOGY	3 16 15	63	723.08	11.48	.788	45.19	9.04
RADIOLOGY	15	63	3,957.08	62.81	.788	263.81	49.46
ROOM USE	9	13	382.80	29.45	.163	42.53	4.79
CROSSOVERS/ALL OTH OUTPTNT	10	64	13,247.89	207.00		1324.79	165.60
@COUNTY HOSPITAL TOTAL	0	0 \$		\$ .00	.000 \$		
CO HOSPITAL INPATIENT TOTAL		0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	•	0	.00	.00	.000	.00	.00
	-	CES AND EXPENDITURES MO					PAGE 18,507
MOP024	FEE-FOR-SERVICE		NIII OF FAIMENT N	EFORT FOR UAN 2	.004 IIINO DE	JC 2004	03/14/05
YUBA COUNTY		ICES FOR BCCTP-TOTAL					03/14/03
TODA COUNTI	DOMMANT OF BEIN	TEES FOR BEETI TOTAL			MON	THILY AVERA	GE
80 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE	DATENDITORED	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	36 4	283 \$	51,497.51	\$ 181.97	_		\$ 643.72
COMM HOSP INPATIENT TOTAL	4	31	31,810.33	1026.14	.388	7952.58	397.63
HSC HOSPITALS	0	0	, , , , , , , , , , , , , , , , , , , ,	0.0	.000	.00	.00
NON-HSC HOSPITALS TOTAL	4	31	31,810.33	1026.14	.388	7952.58	397.63
ACCOMMODATIONS	4	31	16,619.25	536.10	.388	4154.81	207.74
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	Λ Λ	31	16,619.25	536.10	.388	4154.81	207.74
ANCILLARIES	4	0	15,191.08	.00	.000	3797.77	189.89
INPATIENT CROSSOVERS	0	0	15,191.08	.00	.000	.00	.00
	0	0		.00			.00
ALL OTHER INPATIENT	34	252	.00		.000	.00	
COMM HOSP OUTPATIENT TOTAL	12	252 46	19,687.18	78.12	3.150	579.03	246.09

CROSSOVERS/ALL OTH OUTPTNT

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

@STATE HOSPITAL

ROOM USE

13

3

16

15

9

10

0

46

3

63

13

64

0

26.39

54.19

11.48

62.81

29.45

207.00

.00

1,213.77

3,957.08

13,247.89

162.56

723.08

382.80

.00 \$

.575

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.788

.163

.800

.000 \$

93.37

54.19

45.19

42.53

.00 \$

263.81

1324.79

246.09 15.17

2.03

9.04

4.79

.00

49.46

165.60

MENTALLY ILL	0	0		.00	.0	0 .000	.00		.00
DEVELOP. DISABLED	0	0		.00	.0	0 .000	.00		.00
@NURSING FACILITY	0	0	\$	.00	\$ .0	0 .000	\$ .00	\$	.00
LEV A-INTERMEDIATE	0	0		.00	.0	0 .000	.00		.00
LEV B-REHAB MD	0	0		.00	.0	0 .000	.00		.00
LEV B-SUBACUTE FREESTANDING	<del>;</del> 0	0		.00	.0	0 .000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.0	0 .000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.0	0 .000	.00		.00
LEV B-REGULAR	0	0		.00	.0	0 .000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$ .0	0 .000	\$ .00	\$	.00
ICF DDH	0	0		.00	.0	0 .000	.00		.00
ICF DD	0	0		.00	.0	0 .000	.00		.00
ICF DDN/DDCN	0	0		.00	.0	0 .000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .0	0 .000	\$ .00	\$	.00
HOSPITAL BASED	0	0		.00	.0		.00	·	.00
HEMODIALYSIS CENTER	0	0		.00	.0		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$ .0		\$ .00	Ś	.00
HOSPITAL BASED	0	0	'	.00	.0		.00		.00
INDEPENDENT FACILITY	0	0		.00	.0		.00		.00
@LABORATORY FACILITY	7	15	\$	423.06	\$ 28.2			Ś	5.29
PATHOLOGY	7	15	'	423.06	28.2		60.44		5.29
XO AND OTHERS	0	0		.00	.0		.00		.00
@ORGANIZED OUTPATIENT CLINIC	27	39	S	3,467.49	\$ 88.9		\$ 128.43	Ś	43.34
CLINIC	0	0	Y	.00	.0		.00	Υ.	.00
SURGICENTER	0	0		.00	.0		.00		.00
HEROIN DETOX CLINIC	0	0		.00	.0		.00		.00
RURAL HEALTH CLINIC	27	39		3,467.49	88.9		128.43		43.34
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		FS MOI	•					AGE 18,508
MOP024	FEE-FOR-SERVICE/DEN		CEO PIOI	VIII OF TATMENT IN	BIONI FOR 0	AN 2004 IIIKO I	2004		03/14/05
YUBA COUNTY	SUMMARY OF SERVICES		י ∧יי ∧ ד						03/14/03
IOBA COUNTI	SOMMANI OF SERVICES	FOR BCCIF I	UIAL			MC	NTHLY AVER	CF	
80 ELIGIBLES	USERS UNI	TS OF SERVICE	,	EXPENDITURES	AVERAGE C	OST UNITS/DAYS			COST PER
00 EDIGIBLES		DAYS OF CARE		EVERNOTIONES		DAY PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	5	15	\$	1,130.50	\$ 75.3				14.13
DURABLE MED. EQUIP.	3	4	Ÿ	585.02	146.2		195.01	Y	7.31
BLOOD BANK	0	0		.00	.0		.00		.00
HEARING AID DISPENSERS	0	0		.00	.0		.00		.00
MEDICAL TRANSPORTATION	1	7		158.35	22.6		158.35		1.98
AMBULANCES/AIR TRANS	1	7		158.35	22.6		158.35		1.98
	0	7		.00	.0		.00		.00
OTHER TRANS OTHER SERVICES	0	0		.00	.0		.00		.00
	0	0							
ACUPUNCTURE	0	0		.00	.0		.00		.00
ADULT DAY HEALTH CARE CTR	•			.00	.0		.00		.00
CENEMIC DIGENCE MECHING									.00
GENETIC DISEASE TESTING	0	0		.00	.0				
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	. 0	0 .000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	-	-		.00	.0	0 .000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	-	0		.00	.0	0 .000 0 .000 0 .000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	-	0		.00	.0	0 .000 0 .000 0 .000 0 .000	.00		.00

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PROSTHETIST/ORTHOTISTS

SPEECH AND AUDIOLOGY

NONINST BIRTHING CENTERS

PROSTHETICS

HOSPICE SERVICES

ORTHOTICS

PSYCHOLOGIST

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,509
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YUBA COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

						MOI	NTHLY AVERA	GΕ	
176 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVEI	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	29	37	\$ 2,166.22	\$	58.55	.210	\$ 74.70	\$	12.31
@PHYSICIANS SERVICES	7	9	\$ 166.49	\$	18.50	.051	\$ 23.78	\$	.95
OUTPATIENT VISITS	0	0	.00		.00	.000	.00		.00
OFFICE VISITS	0	0	.00		.00	.000	.00		.00
HOME VISITS	0	0	.00		.00	.000	.00		.00
EMERGENCY ROOM	0	0	.00		.00	.000	.00		.00
PREVENTIVE CARE	0	0	.00		.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0	.00		.00	.000	.00		.00
OTHER OUTPATIENT	0	0	.00		.00	.000	.00		.00
INPATIENT VISITS	0	0	.00		.00	.000	.00		.00
HOSPITAL VISITS	0	0	.00		.00	.000	.00		.00
CRITICAL CARE	0	0	.00		.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0	.00		.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0	.00		.00	.000	.00		.00
EXAMINATIONS	0	0	.00		.00	.000	.00		.00
SERVICES AND MATERIALS	0	0	.00		.00	.000	.00		.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	7	9		166.49	18.50	.051	23.78	.95
@PHARMACY	1	5	\$	39.94CR \$	7.99CR	.028	\$ 39.94CR	\$ .23CR
PRESCRIPTION DRUGS	1	5		39.94CR	7.99CR	.028	39.94CR	.23CR
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	1	5		39.94CR	7.99CR	.028	39.94CR	.23CR
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00 \$	.00	.000	\$ .00	\$ .00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURI	ES MONTH-OF	-PAYMENT REPORT	FOR JAN 2004	THRU	DEC 2004	PAGE 18,510
MOP024	FEE-FOR-SERVICE/DENTAL							03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR	QMB - OI	NLY		AID CODE 80			
						M	MONTHLY AVERAG	E

						MC	)IN T	ULI AAEVA	ظی	
176 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	5	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00

FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@TOTAL HOSPITAL	3	10 \$	343.41	\$ 34.34	.057 \$	114.47	\$ 1.95
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
	0	0					
ADMINISTRATIVE DAYS	U	U	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	O	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3	10	343.41	34.34	.057	114.47	1.95
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
	0	0		.00			
PATHOLOGY	0	~	.00		.000	.00	.00
RADIOLOGY	Ü	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	3	10	343.41	34.34	.057	114.47	1.95
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
	0	0					
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	Ü	Ü	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	Ô	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0					
RADIOLOGY	U	U	.00	.00	.000	.00	.00
ROOM USE	Ü	Ü	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES MON	NTH-OF-PAYMENT RI	EPORT FOR JAN	2004 THRU DE	C 2004	PAGE 18,511
MOP024	FEE-FOR-SERVICE/	DENTAL					03/14/05
YUBA COUNTY	SUMMARY OF SERVI	CES FOR QMB - ONLY		AID CODE	80		
					MON	THLY AVERA	GE
176 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	10 \$	343.41	\$ 34.34	.057 \$		
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	10	343.41	34.34	.057	114.47	1.95

0

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MEDICAL

0

SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	3	10		343.41		34.34	.057		114.47		1.95
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	11	0	\$	1,459.48	\$	.00	.000	\$	132.68	\$	8.29
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	11	0		1,459.48		.00	.000		132.68		8.29
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	1	\$	9.07	\$	9.07	.006	\$	9.07	\$	.05
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	1	1		9.07		9.07	.006		9.07		.05
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	JRES MO	NTH-OF-PAYMENT RE	EPORT	FOR JAN 2004	THRU	DEC	2004	PA	GE 18,512
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR	QMB -	ONLY			AID CODE 80					
							N	IONTI	HLY AVERA	GE -	

					MON	THLY AVERAG	E
176 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	10	12	\$ 227.71	\$ 18.98	.068 \$	22.77	\$ 1.29
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	10	12	227.71	18.98	.068	22.77	1.29
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	28	32	\$ 2,206.16	\$ 68.94	.182	\$ 78.79	\$ 12.54

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,513 FEE-FOR-SERVICE/DENTAL

03/14/05

YUBA COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM AID CODES 72 74 8N 8P

IODA COUNTI	SOMMANT OF SEN	VICES FOR 155% FROGRAM	AID (	CODES /2 /4 ON			
					MON		
1,865 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	833	2,435 \$		\$ 47.81	1.306 \$		
@PHYSICIANS SERVICES	122	230 \$	7,307.82		.123 \$		•
OUTPATIENT VISITS	80	94	2,769.24	29.46	.050	34.62	1.48
OFFICE VISITS	77	90	2,638.16	29.31			1.41
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	89.20	44.60	.001	44.60	.05
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	2	41.88	20.94	.001	20.94	.02
INPATIENT VISITS	3	8	631.27	78.91	.004	210.42	.34
HOSPITAL VISITS	3	7	332.27	47.47	.004	110.76	.18
CRITICAL CARE	1	1	299.00	299.00	.001	299.00	.16
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3	5	178.53	35.71	.003	59.51	.10
EXAMINATIONS	3	5	178.53	35.71	.003	59.51	.10
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	5	133.38	26.68	.003	133.38	.07
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	5	133.38	26.68	.003	133.38	.07
OUTPATIENT SURGERY	9	33	1,588.72	48.14	.018	176.52	.85
PRINCIPAL SURGEON	6	6	944.52	157.42	.003	157.42	.51
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	27	644.20	23.86	.014	128.84	.35
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	6	23.48	3.91	.003	5.87	.01
RADIOLOGY	30	46	1,025.92	22.30	.025	34.20	.55
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	6	40.24	6.71	.003	40.24	.02
OTHER SERVICES/ALL X-OVERS	14	27	917.04	33.96	.014	65.50	.49
@PHARMACY	344	769 \$	16,761.01	\$ 21.80	.412 \$	48.72	\$ 8.99
PRESCRIPTION DRUGS	344	768	16,751.61	21.81	.412	48.70	8.98
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	344	768	16,751.61	21.81	.412	48.70	8.98
			•				

MEDICAL SUPPLIES	3	1		9.40		9.40	.001		3.13		.01
@DENTIST	47	303	\$	11,321.00	\$	37.36	.162	\$	240.87	\$	6.07
VISITS - DIAGNOSTIC	38	154		2,284.00		14.83	.083		60.11		1.22
ORAL SURGERY	8	15		391.00		26.07	.008		48.88		.21
DRUGS	3	3		75.00		25.00	.002		25.00		.04
ANESTHESIA	2	2		100.00		50.00	.001		50.00		.05
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	9	33		2,343.00		71.00	.018		260.33		1.26
RESTORATIVE DENTISTRY	18	94		5,928.00		63.06	.050		329.33		3.18
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	1	2		200.00		100.00	.001		200.00		.11
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV			JRES MO	NTH-OF-PAYMENT R	EPORT	FOR JAN 2	2004 THRU I	DEC	2004	PI	AGE 18,514
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVIC FEE-FOR-SERVICE		JRES MO	NTH-OF-PAYMENT R	EPORT	FOR JAN 2	2004 THRU I	DEC	2004	PA	AGE 18,514 03/14/05
	FEE-FOR-SERVICE					FOR JAN 2	8P				
MOP024 YUBA COUNTY	FEE-FOR-SERVICE SUMMARY OF SERV	/DENTAL ICES FOR 133%	PROGRAM	I AID	CODES	72 74 8N	8P MC	ONTH	ILY AVERA	GE -	03/14/05
MOP024	FEE-FOR-SERVICE	/DENTAL ICES FOR 133%	PROGRAM CE		CODES AVE	72 74 8N	8P MC UNITS/DAYS	ONTH	ILY AVERA	GE -	03/14/05  COST PER
MOP024 YUBA COUNTY  1,865 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV	/DENTAL ICES FOR 133%	PROGRAM CE	EXPENDITURES	CODES AVE	72 74 8N RAGE COST UNIT/DAY	8P MC UNITS/DAYS PER ELIG	ONTH S C	HLY AVERA COST PER USER	GE - (	03/14/05  COST PER ELIGIBLE
MOP024 YUBA COUNTY  1,865 ELIGIBLES  @OPTOMETRIST	FEE-FOR-SERVICE SUMMARY OF SERV	/DENTAL ICES FOR 133%	PROGRAM CE	EXPENDITURES 116.46	CODES AVE	72 74 8N RAGE COST UNIT/DAY 23.29	8P MC UNITS/DAYS PER ELIG .003	ONTH S C	HLY AVERA COST PER USER 58.23	GE - (	03/14/05  COST PER ELIGIBLE .06
MOP024 YUBA COUNTY  1,865 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	FEE-FOR-SERVICE SUMMARY OF SERV	/DENTAL ICES FOR 133%	PROGRAM CE	EXPENDITURES 116.46 47.45	CODES AVE PER	72 74 8N  RAGE COST  UNIT/DAY  23.29  47.45	8P MC UNITS/DAYS PER ELIG .003 .001	ONTH S C	HLY AVERA COST PER USER 58.23 47.45	GE - (	03/14/05  COST PER ELIGIBLE .06 .03
MOP024 YUBA COUNTY  1,865 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	FEE-FOR-SERVICE SUMMARY OF SERV	/DENTAL ICES FOR 133%	PROGRAM CE	EXPENDITURES  116.46 47.45 69.01	CODES AVE PER	72 74 8N  RAGE COST  UNIT/DAY  23.29  47.45  17.25	8P MC UNITS/DAYS PER ELIG .003 .001 .002	ONTH S C	HLY AVERA COST PER USER 58.23 47.45 69.01	GE - (	03/14/05  COST PER ELIGIBLE .06 .03 .04
MOP024 YUBA COUNTY  1,865 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	FEE-FOR-SERVICE SUMMARY OF SERV	/DENTAL ICES FOR 133%	PROGRAM CE	EXPENDITURES  116.46 47.45 69.01 .00	CODES AVE PER	72 74 8N  RAGE COST  UNIT/DAY  23.29  47.45  17.25  .00	8P MC UNITS/DAYS PER ELIG .003 .001 .002 .000	ONTH S C	HLY AVERA COST PER USER 58.23 47.45 69.01	GE - ( E \$	03/14/05  COST PER ELIGIBLE .06 .03 .04 .00
MOP024 YUBA COUNTY  1,865 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	FEE-FOR-SERVICE SUMMARY OF SERV	/DENTAL ICES FOR 133%	PROGRAM CE	EXPENDITURES  116.46 47.45 69.01 .00 .00	CODES AVE PER	72 74 8N  RAGE COST  UNIT/DAY  23.29  47.45  17.25	8P MC UNITS/DAYS PER ELIG .003 .001 .002	ONTH S C	HLY AVERA COST PER USER 58.23 47.45 69.01 .00	GE - ( E \$	03/14/05  COST PER ELIGIBLE .06 .03 .04
MOP024 YUBA COUNTY  1,865 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	FEE-FOR-SERVICE SUMMARY OF SERV	/DENTAL ICES FOR 133%	PROGRAM CE	EXPENDITURES  116.46 47.45 69.01 .00 .00 .00	CODES AVE PER \$	72 74 8N  RAGE COST  UNIT/DAY  23.29  47.45  17.25  .00  .00  .00	8P MC UNITS/DAYS PER ELIG .003 .001 .002 .000 .000	ONTH S C	HLY AVERA COST PER USER 58.23 47.45 69.01 .00 .00	GE - ( E \$	03/14/05 COST PER ELIGIBLE .06 .03 .04 .00 .00
MOP024 YUBA COUNTY  1,865 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	FEE-FOR-SERVICE SUMMARY OF SERV	/DENTAL ICES FOR 133%	PROGRAM CE	EXPENDITURES  116.46 47.45 69.01 .00 .00	CODES AVE PER \$	72 74 8N  RAGE COST  UNIT/DAY  23.29  47.45  17.25  .00 .00	8P MC UNITS/DAYS PER ELIG .003 .001 .002 .000 .000	ONTH S C	HLY AVERA COST PER USER 58.23 47.45 69.01 .00 .00	GE - ( F \$	03/14/05 
MOP024 YUBA COUNTY  1,865 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	FEE-FOR-SERVICE SUMMARY OF SERV	/DENTAL ICES FOR 133%	PROGRAM CE	EXPENDITURES  116.46 47.45 69.01 .00 .00 .00 .00 .00	CODES AVE PER \$	72 74 8N  RAGE COST  UNIT/DAY  23.29  47.45  17.25  .00  .00  .00  .00  .00	8P MC UNITS/DAYS PER ELIG .003 .001 .002 .000 .000 .000	ONTH S C	HLY AVERA COST PER USER 58.23 47.45 69.01 .00 .00	GE - ( F \$	03/14/05 COST PER ELIGIBLE .06 .03 .04 .00 .00 .00 .00
MOP024 YUBA COUNTY  1,865 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	FEE-FOR-SERVICE SUMMARY OF SERV	/DENTAL ICES FOR 133%	PROGRAM CE	EXPENDITURES  116.46 47.45 69.01 .00 .00 .00 .00	CODES  AVE PER \$	72 74 8N  RAGE COST  UNIT/DAY  23.29  47.45  17.25  .00  .00  .00  .00	8P MC UNITS/DAYS PER ELIG .003 .001 .002 .000 .000	ONTH S C \$	HLY AVERA COST PER USER 58.23 47.45 69.01 .00 .00	GE - ( F \$	03/14/05 COST PER ELIGIBLE .06 .03 .04 .00 .00 .00

RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000 \$		
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000 \$		
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000 \$		
PEDIATRIC NURSE PRACTITIONER	•	0 \$	.00	\$ .00	.000 \$		
FAMILY NURSE PRACTITIONER	15	30 \$	389.80	\$ 12.99	.016 \$		
@TOTAL HOSPITAL	79	264 \$	20,876.01	\$ 79.08	.142 \$		
HOSP INPATIENT TOTAL	6	13	12,231.22	940.86	.007	2038.54	6.56
HSC HOSPITALS	1	3	3,618.00	1206.00	.002	3618.00	1.94
NON-HSC HOSPITAL TOTAL	5	10	8,613.22	861.32	.005	1722.64	4.62
ACCOMMODATIONS	5	10	4,408.20	440.82	.005	881.64	2.36
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	Ö	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	10	4,408.20	440.82	.005	881.64	2.36
ANCILLARIES	5	0	4,205.02	.00	.000	841.00	2.25
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	75	251	8,644.79	34.44	.135	115.26	4.64
MEDICAL	27	35	2,073.26	59.24	.019	76.79	1.11
SURGERY	9	10	558.33	55.83	.005	62.04	.30
PATHOLOGY	22	61	617.41	10.12	.033	28.06	.33
RADIOLOGY	23	31	1,762.72	56.86	.017	76.64	.95
ROOM USE	51	69	2,798.88	40.56	.037	54.88	1.50
CROSSOVERS/ALL OTH OUTPTNT	28	45	834.19	18.54	.024	29.79	.45
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00	.000	.00	.00
		ES AND EXPENDITURES MONT	I'H-OF-PAYMEN'I' R.	EPORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 18,515
MOP024	FEE-FOR-SERVICE		7.70	00DE0 70 74 0N	OD		03/14/05
YUBA COUNTY	SUMMARY OF SERV	ICES FOR 133% PROGRAM	AID	CODES 72 74 8N		מממא אנודע	CE
1,865 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MON		COST PER
1,000 ELIGIBLES	USEKS	OR DAYS OF CARE	EVLENDIIOKES	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	79	264 \$	20,876.01	\$ 79.08	.142 \$		
COMM HOSP INPATIENT TOTAL	6	13	12,231.22	940.86	.007	2038.54	6.56
HSC HOSPITALS	1	3	3,618.00	1206.00	.002	3618.00	1.94
NON-HSC HOSPITALS TOTAL	5	10	8,613.22	861.32	.005	1722.64	4.62
ACCOMMODATIONS	5	10	4,408.20	440.82	.005	881.64	2.36
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
TIGHTO TITOTHEM IT OFFICE	· ·	Ŭ	• 0 0	• • • •	• • • •	• • • •	• • •

ALL OTHER ACCOM	5	10		4,408.20		440.82	.005		881.64		2.36
ANCILLARIES	5	0		4,205.02		.00	.000		841.00		2.25
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	75	251		8,644.79		34.44	.135		115.26		4.64
MEDICAL	27	35		2,073.26		59.24	.019		76.79		1.11
SURGERY	9	10		558.33		55.83	.005		62.04		.30
PATHOLOGY	22	61		617.41		10.12	.033		28.06		.33
RADIOLOGY	23	31		1,762.72		56.86	.017		76.64		.95
ROOM USE	51	69		2,798.88		40.56	.037		54.88		1.50
CROSSOVERS/ALL OTH OUTPTNT	28	45		834.19		18.54	.024		29.79		.45
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	26	39	\$	387.06	\$	9.92	.021	\$	14.89	\$	.21
PATHOLOGY	26	39		387.06		9.92	.021		14.89		.21
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	430	627	\$	56,725.38	\$	90.47	.336	\$	131.92	\$	30.42
CLINIC	3	6		153.92		25.65	.003		51.31		.08
SURGICENTER	1	8		274.34		34.29	.004		274.34		.15
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	426	613		56,297.12		91.84	.329		132.15		30.19
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE		JRES MO	NTH-OF-PAYMENT R	EPORT	FOR JAN	2004 THRU	DEC	2004	PA	AGE 18,516
MOP024	FEE-FOR-SERVICE										03/14/05
YUBA COUNTY	SUMMARY OF SERVI	CES FOR 133% I	PROGRAM	AID	CODES	72 74 8N					
							M			-	
1,865 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY				COST PER
		OR DAYS OF CAR	RE		PER		PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	36	168	\$	2,530.72	\$		.090		70.30	\$	1.36
DURABLE MED. EQUIP.	3	3		299.97		99.99	.002				.16
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	2	13		300.63		23.13	.007		150.32		.16
AMBULANCES/AIR TRANS	2	13		300.63		23.13	.007		150.32		.16
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00

0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
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0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
1	3		159.40		53.13	.002		159.40		.09
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
30	149		1,770.72		11.88	.080		59.02		.95
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
3	8	\$	364.37	\$	45.55	.004	\$	121.46	\$	.20
0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
	0 0 0 0 0 0 0 0 0 1 0 0 0 30 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         1       3       159.40         0       0       .00         0       0       .00         30       149       1,770.72         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00	0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         1       3       159.40         0       .00       .00         0       0       .00         30       149       1,770.72         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00 <t< td=""><td>0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         1       3       159.40       53.13         0       0       .00       .00         0       0       .00       .00         30       149       1,770.72       11.88         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         <t< td=""><td>0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         1       3       159.40       53.13       .002         0       0       .00       .00       .000         0       0       .00       .00       .000         30       149       1,770.72       11.88       .080         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0&lt;</td><td>0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         1       3       159.40       53.13       .002         0       0       .00       .00       .000         0       0       .00       .00       .000         30       149       1,770.72       11.88       .080         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0&lt;</td><td>0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         1       3       159.40       53.13       .002       159.40         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         30       149       1,770.72       11.88       .080       59.02         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00<!--</td--><td>0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         1       3       159.40       53.13       .002       159.40         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00</td></td></t<></td></t<>	0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         1       3       159.40       53.13         0       0       .00       .00         0       0       .00       .00         30       149       1,770.72       11.88         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00 <t< td=""><td>0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         1       3       159.40       53.13       .002         0       0       .00       .00       .000         0       0       .00       .00       .000         30       149       1,770.72       11.88       .080         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0&lt;</td><td>0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         1       3       159.40       53.13       .002         0       0       .00       .00       .000         0       0       .00       .00       .000         30       149       1,770.72       11.88       .080         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0&lt;</td><td>0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         1       3       159.40       53.13       .002       159.40         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         30       149       1,770.72       11.88       .080       59.02         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00<!--</td--><td>0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         1       3       159.40       53.13       .002       159.40         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00</td></td></t<>	0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         1       3       159.40       53.13       .002         0       0       .00       .00       .000         0       0       .00       .00       .000         30       149       1,770.72       11.88       .080         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0<	0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         1       3       159.40       53.13       .002         0       0       .00       .00       .000         0       0       .00       .00       .000         30       149       1,770.72       11.88       .080         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0<	0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         1       3       159.40       53.13       .002       159.40         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         30       149       1,770.72       11.88       .080       59.02         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00 </td <td>0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         1       3       159.40       53.13       .002       159.40         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00</td>	0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         1       3       159.40       53.13       .002       159.40         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,517 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

----- MONTHLY AVERAGE -----

YUBA COUNTY SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T

				1.101	TITLL AVENA	GLI
USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
585	2,215 \$	89 <b>,</b> 471.32	\$ 40.39	1.283 \$	152.94	\$ 51.84
103	363 \$	7,772.43	\$ 21.41	.210 \$	75.46	\$ 4.50
53	62	2,508.42	40.46	.036	47.33	1.45
45	54	2,023.00	37.46	.031	44.96	1.17
0	0	.00	.00	.000	.00	.00
7	6	313.39	52.23	.003	44.77	.18
0	0	.00	.00	.000	.00	.00
1	1	126.31	126.31	.001	126.31	.07
1	1	45.72	45.72	.001	45.72	.03
3	6	209.05	34.84	.003	69.68	.12
3	6	209.05	34.84	.003	69.68	.12
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
3	3	162.02	54.01	.002	54.01	.09
3	3	162.02	54.01	.002	54.01	.09
0	0	.00	.00	.000	.00	.00
1	6	159.99	26.67	.003	159.99	.09
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
1	6	159.99	26.67	.003	159.99	.09
9	22	1,311.06	59.59	.013	145.67	.76
6	6	897.05	149.51	.003	149.51	.52
0	0	.00	.00	.000	.00	.00
4	16	414.01	25.88	.009	103.50	.24
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
47	61	1,505.58	24.68	.035	32.03	.87
0	0	.00	.00	.000	.00	.00
	585 103 53 45 0 7 0 1 1 3 3 0 0 0 3 3 0 0 1 0 0 1 0 0 1 0 0 0 0	OR DAYS OF CARE  585 103 363 \$ 53 62 45 0 0 0 7 6 0 0 1 1 1 1 1 1 3 6 3 6 0 0 0 0 0 3 3 3 3 3 0 0 0 1 6 0 0 0 1 6 0 0 0 1 6 0 0 0 1 6 0 0 0 0	OR DAYS OF CARE  585	OR DAYS OF CARE         PER UNIT/DAY           585         2,215         \$ 89,471.32         \$ 40.39           103         363         \$ 7,772.43         \$ 21.41           53         62         2,508.42         40.46           45         54         2,023.00         37.46           0         0         .00         .00           7         6         313.39         52.23           0         0         .00         .00           1         1         126.31         126.31           1         1         126.31         126.31           1         1         45.72         45.72           3         6         209.05         34.84           3         6         209.05         34.84           3         6         209.05         34.84           3         3         162.02         54.01           3         3         162.02         54.01           3         3         162.02         54.01           0         0         .00         .00           1         6         159.99         26.67           0         0	USERS         UNITS OF SERVICE OR DAYS OF CARE         EXPENDITURES         AVERAGE COST UNITS/DAYS PER ELIG           585         2,215         \$ 89,471.32         \$ 40.39         1.283         \$ 103           53         62         2,508.42         40.46         .036           45         54         2,023.00         37.46         .031           0         0         .00         .00         .00           7         6         313.39         52.23         .003           0         0         .00         .00         .000           1         1         1         126.31         126.31         .001           1         1         1         45.72         45.72         .001           3         6         209.05         34.84         .003           3         6         209.05         34.84         .003           0         0         .00         .00         .00           0         0         .00         .00         .00           3         3         162.02         54.01         .002           3         3         3         162.02         54.01         .002           0	OR DAYS OF CARE         PER UNIT/DAY         PER ELIG         USER           585         2,215         \$ 89,471.32         \$ 40.39         1.283         \$ 152.94           103         363         \$ 7,772.43         \$ 21.41         .210         \$ 75.46           53         62         2,508.42         40.46         .036         47.33           45         54         2,023.00         37.46         .031         44.96           0         0         .00         .00         .00         .00           7         6         313.39         52.23         .003         44.77           0         0         .00         .00         .00         .00           1         1         126.31         126.31         .001         126.31           1         1         145.72         45.72         .001         45.72           3         6         209.05         34.84         .003         69.68           3         6         209.05         34.84         .003         69.68           0         0         .00         .00         .00         .00           1         6         209.05         34.84         .003<

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	2	3		81.55		27.18	.002		40.78		.05
OTHER SERVICES/ALL X-OVERS	18	200		1,834.76		9.17	.116		101.93		1.06
@PHARMACY	177	349	\$	17,579.53	\$	50.37	.202	\$	99.32	\$	10.19
PRESCRIPTION DRUGS	170	337		17,220.72		51.10	.195		101.30		9.98
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	170	337		17,220.72		51.10	.195		101.30		9.98
MEDICAL SUPPLIES	7	12		358.81		29.90	.007		51.26		.21
@DENTIST	76	354	\$	11,071.00	\$	31.27	.205	\$	145.67	\$	6.41
VISITS - DIAGNOSTIC	47	233		3,293.00		14.13	.135		70.06		1.91
ORAL SURGERY	6	9		310.00		34.44	.005		51.67		.18
DRUGS	4	5		110.00		22.00	.003		27.50		.06
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	6	12		2,627.00		218.92	.007		437.83		1.52
RESTORATIVE DENTISTRY	30	74		3,801.00		51.36	.043		126.70		2.20
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	3	4		120.00		30.00	.002		40.00		.07
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	14	14		660.00		47.14	.008		47.14		.38
ALL OTHER SERVICES	3	3		150.00		50.00	.002		50.00		.09
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU:	RES :	MONTH-OF-PAYMENT RI	EPOR'	T FOR JAN	2004 THRU	DEC	2004	PA	AGE 18,518
MOP024	FEE-FOR-SERVICE/DENTA	ΔL									03/14/05

MOP024 FEE-FOR-SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T

------ MONTHLY AVERAGE ------

						M	ON.T	HLY AVERA	GE	
1,726 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	9	19	\$ 445.53	\$	23.45	.011	\$	49.50	\$	.26
DIAGNOSTIC AND ANC. PROCED	7	7	274.13		39.16	.004		39.16		.16
EYE APPLIANCES	4	12	171.40		14.28	.007		42.85		.10
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	1	1	\$ 16.72	\$	16.72	.001	\$	16.72	\$	.01
VISITS	1	1	16.72		16.72	.001		16.72		.01
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	1	1	\$ 24.00	\$	24.00	.001	\$	24.00	\$	.01
MEDICINE/INJECTIONS	1	1	24.00		24.00	.001		24.00		.01
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	2	4	\$ 209.98	\$	52.50	.002	\$	104.99	\$	.12
NURSE ANESTHESIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	3	3	\$ 1,663.08	\$	554.36	.002	\$	554.36	\$	.96
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	2	2	\$ 52.36	\$	26.18	.001	\$	26.18	\$	.03
@TOTAL HOSPITAL	71	320	\$ 16,914.97	\$	52.86	.185	\$	238.24	\$	9.80
HOSP INPATIENT TOTAL	1	2	7,800.11		3900.06	.001		7800.11		4.52
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	1	2	7,800.11		3900.06	.001		7800.11		4.52
ACCOMMODATIONS	1	2	757.54		378.77	.001		757.54		. 44
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	2	757.54		378.77	.001		757.54		. 44
ANCILLARIES	1	0	7,042.57		.00	.000		7042.57		4.08
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	70	318	9,114.86	28.66	.184	130.21	5.28
MEDICAL	18	25	1,293.92	51.76	.014	71.88	.75
SURGERY	11	12	714.81	59.57	.007	64.98	.41
PATHOLOGY	20	76	989.30	13.02	.044	49.47	.57
RADIOLOGY	30	54	2,691.92	49.85	.031	89.73	1.56
ROOM USE	39	57	2,013.22	35.32	.033	51.62	1.17
CROSSOVERS/ALL OTH OUTPINT	22	94	1,411.69	15.02	.054	64.17	.82
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN 2	004 THRU D	DEC 2004	PAGE 18,519
MOP024	FEE-FOR-SERVICE/	DENTAL					03/14/05
YUBA COUNTY	SUMMARY OF SERVI	CES FOR 100% PROGE	RAM AID	CODES 7A 7C 8R	8T		
					MC	NTHLY AVERAG	E
1,726 ELIGIBLES	USERS (	JNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	71	320 \$	16,914.97	\$ 52.86	.185	\$ 238.24	\$ 9.80

COMM HOSP INPATIENT TOTAL	1	2		7,800.11		3900.06	.001		7800.11		4.52
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	1	2		7,800.11		3900.06	.001		7800.11		4.52
ACCOMMODATIONS	1	2		757.54		378.77	.001		757.54		.44
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	0		757.54		378.77	.001		757.54		.44
	1	2									
ANCILLARIES	0	0		7,042.57		.00	.000		7042.57		4.08
INPATIENT CROSSOVERS	•	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	70	318		9,114.86		28.66	.184		130.21		5.28
MEDICAL	18	25		1,293.92		51.76	.014		71.88		.75
SURGERY	11	12		714.81		59.57	.007		64.98		.41
PATHOLOGY	20	76		989.30		13.02	.044		49.47		.57
RADIOLOGY	30	54		2,691.92		49.85	.031		89.73		1.56
ROOM USE	39	57		2,013.22		35.32	.033		51.62		1.17
CROSSOVERS/ALL OTH OUTPTNT	22	94		1,411.69		15.02	.054		64.17		.82
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	Ś	.00
ICF DDH	0	0	4	.00	т.	.00	.000	-	.00	4	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	Ċ	.00
HOSPITAL BASED	0	0	Y	.00	Y	.00	.000	Y	.00	Y	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	Ō	0	\$	.00	\$	.00	.000	\$	.00	Ċ	.00
HOSPITAL BASED	0	0	ې	.00	۲	.00	.000	۲	.00	ې	.00
	0	0									
INDEPENDENT FACILITY	21	63	Ċ	.00	Ċ	.00	.000	ċ	.00	ċ	.00
@LABORATORY FACILITY			\$	819.71	\$	13.01	.037	Ş	39.03	Ş	.47
PATHOLOGY	21	63		819.71		13.01	.037		39.03		.47
XO AND OTHERS	0	0	<u>^</u>	.00	<u> </u>	.00	.000	<u> </u>	.00	<u> </u>	.00
@ORGANIZED OUTPATIENT CLINIC	193	313	\$	27,487.60	\$	87.82	.181	Ş	142.42	\$	15.93
CLINIC	5	21		370.86		17.66	.012		74.17		.21
SURGICENTER	1	7		237.21		33.89	.004		237.21		.14
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	187	285		26,879.53		94.31	.165		143.74		15.57
#CALIF DEPT OF HEALTH SERV			URES MO	NTH-OF-PAYMENT R	REPORT	FOR JAN 2	2004 THRU	DEC	2004	P.	AGE 18,520
MOP024	FEE-FOR-SERVICE										03/14/05
YUBA COUNTY	SUMMARY OF SERV	ICES FOR 100%	PROGRAM	AID	CODES	7A 7C 8R					
							N				
1,726 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	ZS.	COST PER		COST PER
		OR DAYS OF CA	RE			. UNIT/DAY					ELIGIBLE
@ALL OTHER PROVIDERS	109	423	\$	5,414.41	\$	12.80		\$	49.67	\$	3.14
DURABLE MED. EQUIP.	2	3		118.86		39.62			59.43		.07
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	8	74		911.35		12.32	.043		113.92		.53

AMBULANCES/AIR TRANS	8	74	911.35	12.32	.043	113.92	.53
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	2	2	210.00	105.00	.001	105.00	.12
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	9	21	244.83	11.66	.012	27.20	.14
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	47.08	47.08	.001	47.08	.03
PROSTHETICS	1	1	47.08	47.08	.001	47.08	.03
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	8	15	585.25	39.02	.009	73.16	.34
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	80	307	3,297.04	10.74	.178	41.21	1.91
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	6	16	\$ 592.39	\$ 37.02	.009		·
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,521
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YUBA COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

					MC	NTHLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	240	584	\$ 37 <b>,</b> 911.24	\$ 64.92	.000	\$ 157.96	\$ .00
@PHYSICIANS SERVICES	27	31	\$ 1,100.76	\$ 35.51	.000	\$ 40.77	\$ .00
OUTPATIENT VISITS	7	7	406.87	58.12	.000	58.12	.00
OFFICE VISITS	4	4	45.00	11.25	.000	11.25	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	3	3	361.87	120.62	.000	120.62	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	1		4.34		4.34	.000		4.34		.00
RADIOLOGY	21	23		689.55		29.98	.000		32.84		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	7	11	\$	387.25	\$	35.20	.000	\$	55.32	\$	.00
PRESCRIPTION DRUGS	7	11		387.25		35.20	.000		55.32		.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	7	11		387.25		35.20	.000		55.32		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITU	RES M	IONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2004 THRU	DEC	2004	PAG	GE 18,522
MOP024	FEE-FOR-SERVICE/DENT	TAL									03/14/05
YUBA COUNTY	SUMMARY OF SERVICES	FOR PRESUM	PTIVE	ELIGIBILITY-PREGN	TNAN	AID CODES	7F 7G				
									HLY AVERA		
00 DI TOTDI DO	TIODDO TINTE	TO OF OFFITA			70 7 7 7		TTATE CO / DA 17	~ .	COOM DED	~	

							M	ONT	'HLY AVERA	GΕ	
00 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	3		PER	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	10	16	\$	469.38	\$	29.34	.000	\$	46.94	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	10	16	469.38	3 29.34	.000	46.94	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	7	8	188.07	23.51	.000	26.87	.00
RADIOLOGY	2	2	96.61	48.31	.000	48.31	.00
ROOM USE	3	3	102.90	34.30	.000	34.30	.00
CROSSOVERS/ALL OTH OUTPTNT	1	3	81.80	27.27	.000	81.80	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITURE:	S MONTH-OF-PAYMENT	REPORT FOR JA	N 2004 THRU	DEC 2004	PAGE 18,523
MOP024	FEE-FOR-SERVICE/DENTAL						03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR	PRESUMPT:	IVE ELIGIBILITY-PRE	GNANT AID COD	ES 7F 7G		
					N	MONTHLY AVERAG	GE

					MOI	NTHLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	10	16	\$ 469.38	\$ 29.34	.000	\$ 46.94	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	10	16	469.38	29.34	.000	46.94	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	7	8	188.07	23.51	.000	26.87	.00
RADIOLOGY	2	2	96.61	48.31	.000	48.31	.00
ROOM USE	3	3	102.90	34.30	.000	34.30	.00
CROSSOVERS/ALL OTH OUTPTNT	1	3	81.80	27.27	.000	81.80	.00
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	Ś	.00	.000	Ś	.00	ċ	.00
LEV A-INTERMEDIATE	0	0	Ą	.00	ş	.00	.000	ş	.00	ې	.00
	0	0									
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$		\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$		\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	80	189	\$	5,408.71	\$	28.62	.000	\$	67.61	\$	.00
PATHOLOGY	80	189		5,408.71		28.62	.000		67.61		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	171	332	\$	30,020.14	\$	90.42	.000	\$	175.56	\$	.00
CLINIC	1	3		469.62		156.54	.000		469.62		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	170	329		29,550.52		89.82	.000		173.83		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX		JRES M		EPOR			DEC		PAG	E 18,524
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR	PRESUN	1PTIVE	ELIGIBILITY-PREGN	TNAL	AID CODES 7F	7G				, , ,
	11 11 11 11 11 11 11 11 11 11 11 11 11							10NTI	HLY AVERA	GE	
							-				

00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	5	5 \$	525.00	\$ 105.00	.000 \$	105.00	\$ .00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	5	5	525.00	105.00	.000	105.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
A* MOMATO IN MURCE TIMES ARE CIVEN		E TNEODMARION TREM ONLY.					

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,525 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 YUBA COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

1021 000111	DOMINICI OF DELICE	TODO TON MEDI ON	 TODDINGOLOGIC TINOGIAMI		TITD CODE	/ 11				
						MC	TNC	HLY AVERA	GΕ	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE:	RAGE COST	UNITS/DAYS	3 (	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
@PHYSICIANS SERVICES	0	0	\$ .00	\$	.00	.000	\$	.00	\$	.00
OUTPATIENT VISITS	0	0	.00		.00	.000		.00		.00
OFFICE VISITS	0	0	.00		.00	.000		.00		.00
HOME VISITS	0	0	.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0	.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0	.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0	.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0	.00		.00	.000		.00		.00
INPATIENT VISITS	0	0	.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0	.00		.00	.000		.00		.00
CRITICAL CARE	0	0	.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0	.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0	.00		.00	.000		.00		.00
EXAMINATIONS	0	0	.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0	.00		.00	.000		.00		.00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	0	0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
PRESCRIPTION DRUGS	0	0	۲	.00	۲	.00	.000	Ψ	.00	٧	.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	0	0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$	.00	\$	.00		\$	.00	ċ	.00
VISITS - DIAGNOSTIC	0	0	۲		۲			ې	.00	۲	
	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000				.00
DRUGS	0	U		.00		.00	.000		.00		.00
ANESTHESIA	0	U		.00		.00	.000		.00		.00
PERIODONTICS	0	U		.00		.00	.000		.00		.00
ENDODONTICS	U	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXPENDITUR	ES 1	MONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2004 THRU	DEC	2004	P	AGE 18,526
MOP024	FEE-FOR-SERVICE/	DENTAL									03/14/05
YUBA COUNTY	SUMMARY OF SERVIO	CES FOR MEDI-CA	L T	UBERCULOSIS PROGRAM	1	AID CODE	7H				
							M	TNOI	HLY AVERA	GE ·	
00 ELIGIBLES	USERS U	JNITS OF SERVICE		EXPENDITURES	AVE:	RAGE COST	UNITS/DAY	'S	COST PER	(	COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIC	3	USER	]	ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00	·	.00	.000	·	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	Ś	.00	\$	.00
NURSE ANESTHESIST	0	0	Ś	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
	•	-			т						
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	S	.00	Ś	.00

FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@TOTAL HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
	0	0	.00	.00	.000	.00	.00
HOSP INPATIENT TOTAL	0						
HSC HOSPITALS	U	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER ACCOM	Ū	U	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	Û	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
	0	0					
PATHOLOGY	U	U	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$		\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
	0	0					
NON-HSC HOSPITALS TOTAL	Ü	U	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	Ô	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER INPATIENT	U	U	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT		-					
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES MON	ITH-OF-PAYMENT RE	SPORT FOR JAN 2	2004 THRU DE	C 2004	PAGE 18,527
MOP024	FEE-FOR-SERVICE						03/14/05
YUBA COUNTY	SUMMARY OF SERV	JICES FOR MEDI-CAL TUBE	RCULOSIS PROGRAM	AID CODE	7H		
					MON	THLY AVERAG	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$		
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
	0						
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
	0	0					
INPATIENT CROSSOVERS	U	Ü	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$		\$	.00
	0	0	Y	.00	Y			Y		Y	
MENTALLY ILL	O .					.00	.000		.00		.00
DEVELOP. DISABLED	0	0	_	.00	_	.00	.000	_	.00	_	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
	0		Ş		ş			Ą		Ą	
ICF DDH	U	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	Ô	0	\$	.00	Ś	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	۲	.00	٧	.00	.000	٣	.00	Ψ	.00
	0	0				.00			.00		
INDEPENDENT FACILITY	· ·		<u> </u>	.00	<u>^</u>		.000	<u> </u>		^	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
	•	•	10 M		DODE			DEC		Ъ	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		12 M	IONTH-OF-PAIMENT RE	PORT	FOR JAN 2	UU4 THRU	DEC	2004	P.	AGE 18,528
MOP024	FEE-FOR-SERVICE/DEN						_				03/14/05
YUBA COUNTY	SUMMARY OF SERVICES	FOR MEDI-CAL	_ TU	JBERCULOSIS PROGRAM		AID CODE					
									'HLY AVERA	GΕ	
00 ELIGIBLES	USERS UNI	TS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	.S	COST PER		COST PER
	OR	DAYS OF CARE			PER	UNIT/DAY	PER ELIG	3	USER		ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
	0	0									
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	Ü	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
	•										
OPTICIAN	0	0		.00		.00	.000		.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000		.00		.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00 \$	.00	.000 \$	.00 \$	.00
Q+ MOMAIC IN MURCE IINEC ADE CIVEN AC	7 7 CEDADAME	TATEODMARITONI THEM ONLY					

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,529 FEE-FOR-SERVICE/DENTAL

03/14/05

YUBA COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

						MON	THLY AVERA	GE
168 ELIGIBLES	USERS	UNITS OF SERVICE	Ε	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	181	1,134	\$	183,930.61	\$ 162.20	6.750 \$	1016.19	\$ 1094.83
@PHYSICIANS SERVICES	70	217	\$	28,864.11	\$ 133.01	1.292 \$	412.34	\$ 171.81
OUTPATIENT VISITS	22	40		3,259.48	81.49	.238	148.16	19.40
OFFICE VISITS	5	5		258.40	51.68	.030	51.68	1.54
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	19	35		3,001.08	85.75	.208	157.95	17.86
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	12	46		6,501.57	141.34	.274	541.80	38.70

HOSPITAL VISITS	11	19		987.83		51.99	.113		89.80		5.88
CRITICAL CARE	1	27		5,513.74		04.21	.161		5513.74		32.82
SNF/ICF/TRANS IP CARE	0	0		.00	۷	.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	20	66		16,340.82	2	47.59	.393		817.04		97.27
PRINCIPAL SURGEON	14	17		14,461.96		50.70	.101		1033.00		86.08
ASSISTANT SURGEON	2	2		373.00		86.50	.012		186.50		2.22
	9	47					.280				8.96
ANESTHESIOLOGIST OUTPATIENT SURGERY	9	2		1,505.86 144.04		32.04 72.02	.012		167.32 72.02		.86
	2	2							72.02		.86
PRINCIPAL SURGEON	0	2		144.04		72.02	.012				
ASSISTANT SURGEON	<u>o</u>	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	6		297.02		49.50	.036		99.01		1.77
RADIOLOGY	29	42		1,845.04		43.93	.250		63.62		10.98
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	1	1		117.51		17.51	.006		117.51		.70
OTHER SERVICES/ALL X-OVERS	9	14		358.63		25.62	.083		39.85		2.13
@PHARMACY	42	75	\$	2,397.80		31.97	.446	\$	57.09	\$	14.27
PRESCRIPTION DRUGS	41	66		1,613.09		24.44	.393		39.34		9.60
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	41	66		1,613.09		24.44	.393		39.34		9.60
MEDICAL SUPPLIES	5	9		784.71		87.19	.054		156.94		4.67
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	Ô	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	Û	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	-	RES M		EPORT F			DEC		Þ	AGE 18,530
MOP024	FEE-FOR-SERVICE/DENTAL		1410 11		LI OIKI I	O1. 0111V 200	. 1 1111(0	יוכ	2001		03/14/05
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YUBA COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

							MC	TNC	HLY AVERA	.GE	
168 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CAR	€		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00

RADIO./PATHOLOGY	0	0	.00		.00	.000	.00		.00
OTHER	0	0	.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	9	17 \$	914.78	\$	53.81	.101	\$ 101.64	\$	5.45
NURSE ANESTHESIST	0	0 \$	.00	\$	.00	.000	\$ .00	\$	.00
NURSE MIDWIFE	2	4 \$	1,179.28	\$	294.82	.024	\$ 589.64	\$	7.02
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	Ś	.00	.000		\$	.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	Ś	.00	.000	•	\$	.00
@TOTAL HOSPITAL	71	500 \$	140,223.14	\$	280.45	2.976			34.66
HOSP INPATIENT TOTAL	14	85	130,266.12	Ÿ	1532.54	.506	9304.72		75.39
	2	44							99.05
HSC HOSPITALS			67,040.00		1523.64	.262	33520.00		
NON-HSC HOSPITAL TOTAL	12	41	63,226.12		1542.10	.244	5268.84		76.35
ACCOMMODATIONS	12	41	18,789.17		458.27	.244	1565.76	1	11.84
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00
ALL OTHER ACCOM	12	41	18,789.17		458.27	.244	1565.76	1	11.84
ANCILLARIES	12	0	44,436.95		.00	.000	3703.08	2	64.51
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	60	415	9,957.02		23.99	2.470	165.95		59.27
MEDICAL	11	12	561.50		46.79	.071	51.05		3.34
SURGERY	4	4	108.24		27.06	.024	27.06		.64
PATHOLOGY	39	111	1,507.22		13.58	.661	38.65		8.97
RADIOLOGY	11	10	475.78		47.58	.060	43.25		2.83
	32	66					71.84		
ROOM USE			2,298.97		34.83	.393			13.68
CROSSOVERS/ALL OTH OUTPTNT	32	212	5,005.31	<u> </u>	23.61	1.262	156.42		29.79
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$	.00	.000		Ş	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00		.00	.000	.00		.00
HSC HOSPITALS	0	0	.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000	.00		.00
ANCILLARIES	0	0	.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000	.00		.00
MEDICAL	0	0	.00		.00	.000	.00		.00
SURGERY	0	0	.00		.00	.000	.00		.00
	0	0	.00				.00		.00
PATHOLOGY	0	0	.00		.00	.000	.00		.00
RADIOLOGY	0	•			.00	.000			
ROOM USE	U	0	.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MC	NTH-OF-PAYMENT R	REPOR	T FOR JAN :	2004 THRU I	DEC 2004		18,531
MOP024	FEE-FOR-SERVICE							0	3/14/05
YUBA COUNTY	SUMMARY OF SERV	ICES FOR MINOR CONSEN	T AID CODES AID	CODE	S 7M 7P 7R				
							ONTHLY AVERA		
168 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AV	ERAGE COST	UNITS/DAYS	S COST PER	COS	T PER
		OR DAYS OF CARE		PΕ	R UNIT/DAY		USER		GIBLE
@COMMUNITY HOSPITAL TOTAL	71	500 \$	140,223.14	\$		2.976	\$ 1974.97	\$ 8	34.66
COMM HOSP INPATIENT TOTAL	14	85	130,266.12		1532.54	.506	9304.72	7	75.39
HSC HOSPITALS	2	44	67,040.00		1523.64	.262	33520.00	3	99.05
NON-HSC HOSPITALS TOTAL	12	41	63,226.12		1542.10	.244	5268.84	3	76.35
ACCOMMODATIONS	12	41	18,789.17		458.27	.244	1565.76		11.84
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00
	ů.	Č	• 0 0		• • • •	• • • •	• 0 0		• • •

ALL OTHER ACCOM	12	41		18,789.17		458.27	.244		1565.76		111.84
ANCILLARIES	12	0		44,436.95		.00	.000		3703.08		264.51
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	60	415		9,957.02		23.99	2.470		165.95		59.27
MEDICAL	11	12		561.50		46.79	.071		51.05		3.34
SURGERY	4	4		108.24		27.06	.024		27.06		.64
PATHOLOGY	39	111		1,507.22		13.58	.661		38.65		8.97
RADIOLOGY	11	10		475.78		47.58	.060		43.25		2.83
ROOM USE	32	66		2,298.97		34.83	.393		71.84		13.68
CROSSOVERS/ALL OTH OUTPINT	32	212		5,005.31		23.61	1.262		156.42		29.79
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$		\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	Ō		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	Ō		.00		.00	.000		.00		.00
@LABORATORY FACILITY	37	129	\$	2,285.16	\$	17.71	.768	Ś	61.76	Ś	13.60
PATHOLOGY	37	129		2,285.16		17.71	.768		61.76		13.60
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	42	132	\$	6,927.09	\$	52.48	.786	Ś	164.93	Ś	41.23
CLINIC	18	84		2,660.72		31.68	.500		147.82		15.84
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	24	48		4,266.37		88.88	.286		177.77		25.40
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E		URES I		EPORT			DEC		PΖ	AGE 18,532
MOP024	FEE-FOR-SERVICE/DENTAL				01(1						03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR	MINOR	CONS	ENT AID CODES AID (	CODES	3 7M 7P 7R 7N					- 3, - 1, 00
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----- MONTHLY AVERAGE -----168 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 60 \$ 1,139.25 \$ 18.99 .357 \$ 126.58 \$ @ALL OTHER PROVIDERS 6.78 .00 DURABLE MED. EQUIP. 0 .00 .00 .000 .00 .00 .00 BLOOD BANK 0 0 .00 .000 .00 HEARING AID DISPENSERS 0 0 .00 .00 .000 .00 .00 52 MEDICAL TRANSPORTATION 299.25 5.75 .310 299.25 52 299.25 5.75 .310 299.25 1.78 AMBULANCES/AIR TRANS .000 OTHER TRANS 0 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 840.00 105.00 .00 .00 .00 OTHER SERVICES .000 .00 ACUPUNCTURE 0 .00 .000 .00 .00 .000 .00 ADULT DAY HEALTH CARE CTR 5.00 GENETIC DISEASE TESTING .048 105.00

OCCUPATIONAL THERAPIST 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 PORTABLE X-RAY 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0	OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY         0         0         .00	OPTICIAN	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS         0         0         .00	PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PROSTHETICS         0         0         .00         .00         .00         .00         .00         .00           ORTHOTICS         0         0         0         .00 </td <td>PORTABLE X-RAY</td> <td>0</td> <td>0</td> <td>.00</td> <td>.00</td> <td>.000</td> <td>.00</td> <td>.00</td>	PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
ORTHOTICS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST         0         0         .00         .00         .00         .00         .00         .00           SPEECH AND AUDIOLOGY         0         0         .00	PROSTHETICS	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY         0         0         .00	ORTHOTICS	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES         0         0         .00 <t< td=""><td>PSYCHOLOGIST</td><td>0</td><td>0</td><td>.00</td><td>.00</td><td>.000</td><td>.00</td><td>.00</td></t<>	PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS         0         0         .00	SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES       0       0       .00	HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE       0       0       .00       .	NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.       0       0       .00<	LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING       0       0       .00       .00       .00       .00       .00       .00         ALL OTHER PROVIDERS       0       0       .00       .00       .00       .00       .00       .00       .00         @CALIF. CHILDREN SERVICES*       3       384       \$       55,330.29       \$       144.09       2.286       \$       18443.43       \$       329.35	EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .0	RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES* 3 384 \$ 55,330.29 \$ 144.09 2.286 \$ 18443.43 \$ 329.35	PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
	ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP** 0 0 \$ .00 \$ .00 \$ .00 \$ .00	@CALIF. CHILDREN SERVICES*	3	384	\$ 55,330.29	\$ 144.09	2.286	\$ 18443.43	\$ 329.35
	@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,533
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YUBA COUNTY SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38

----- MONTHLY AVERAGE -----2,153 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 1,279 2.033 \$ 191.12 \$ 113.54 @TOTAL, ALL PROVIDERS 4,376 244,441.67 55.86 251 8.75 @PHYSICIANS SERVICES 576 18,837.58 \$ 32.70 .268 \$ 75.05 \$ 42.58 129 OUTPATIENT VISITS 143 5,493.04 38.41 .066 106 117 35.70 39.41 OFFICE VISITS 4,177.37 .054 .00 HOME VISITS 0 0 .00 .000 .00 .00 EMERGENCY ROOM 16 17 821.83 48.34 .008 51.36 34.69 34.69 34.69 .000 PREVENTIVE CARE OB VISITS/COMPRE PERI 321.51 80.38 .002 80.38 .15 4 4 .06 OTHER OUTPATIENT 137.64 34.41 .002 34.41 10 29 49.51 .013 143.58 INPATIENT VISITS 1,435.82 .67 HOSPITAL VISITS 10 28 1,303.15 46.54 .013 130.32 .61 CRITICAL CARE 1 132.67 132.67 .000 132.67 .06 0 .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE 260.45 32.56 .004 37.21 OPHTHALMOLOGICAL SERVICES .12 7 .11 EXAMINATIONS 240.45 34.35 .003 40.08 20.00 SERVICES AND MATERIALS 20.00 .000 20.00 INPATIENT HOSPITAL SURGERY 20 2,983.57 149.18 .009 372.95 3 2,091.75 697.25 .001 697.25 . 97 PRINCIPAL SURGEON 348.64 174.32 .001 174.32 ASSISTANT SURGEON ANESTHESIOLOGIST 3 543.18 15 36.21 .007 181.06 .25 12 35 2,419.75 69.14 201.65 OUTPATIENT SURGERY .016 1.12 11 164.73 PRINCIPAL SURGEON 13 1,811.98 139.38 .006 0 .00 ASSISTANT SURGEON 0 .00 .000 .00 .00 3 607.77 27.63 202.59 .28 ANESTHESIOLOGIST .010 .00 .00 .000 .00 DIALYSIS 12 28 PATHOLOGY 160.59 5.74 .013 13.38 .07 88 142 3,705.56 26.10 RADIOLOGY .066 42.11 1.72 PSYCHIATRY .00 .000 .00 .00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	4	7		103.50		14.79	.003		25.88		.05
OTHER SERVICES/ALL X-OVERS	43	164		2,275.30		13.87	.076		52.91		1.06
@PHARMACY	536	1,230	\$	58,999.37	\$	47.97	.571	\$	110.07	\$	27.40
PRESCRIPTION DRUGS	531	1,199		58,105.12		48.46	.557		109.43		26.99
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	531	1,199		58,105.12		48.46	.557		109.43		26.99
MEDICAL SUPPLIES	13	31		894.25		28.85	.014		68.79		.42
@DENTIST	80	390	\$	10,506.00	\$	26.94	.181	\$	131.33	\$	4.88
VISITS - DIAGNOSTIC	56	278		4,164.00		14.98	.129		74.36		1.93
ORAL SURGERY	7	14		726.00		51.86	.007		103.71		.34
DRUGS	2	2		50.00		25.00	.001		25.00		.02
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	1	1		118.00		118.00	.000		118.00		.05
ENDODONTICS	8	12		1,846.00		153.83	.006		230.75		.86
RESTORATIVE DENTISTRY	21	49		2,628.00		53.63	.023		125.14		1.22
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	5	17		829.00		48.76	.008		165.80		.39
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	1	1		70.00		70.00	.000		70.00		.03
ALL OTHER SERVICES	4	16		75.00		4.69	.007		18.75		.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITU	RES MO	NTH-OF-PAYMENT RE	EPORT	FOR JAN	2004 THRU	DEC	2004	P	AGE 18,534
MOP024	FEE-FOR-SERVICE/	DENTAL									03/14/05
YUBA COUNTY	SUMMARY OF SERVI	CES FOR EDWARD	S CASE	S IN PA-FAMILIES		AID CODE	38				
							1	TNOM	HLY AVERA	GE.	
2,153 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVE	RAGE COST	'UNITS/DA'	YS	COST PER		COST PER
		OR DAYS OF CAR	E		PEF	R UNIT/DAY	PER ELIC	G	USER		ELIGIBLE
@OPTOMETRIST	17	51	\$	997.57	\$	19.56	.024	\$	58.68	\$	.46
DIAGNOSTIC AND ANC. PROCED	8	8		355.57		44.45	.004		44.45		.17
EYE APPLIANCES	14	42		584.80		13.92	.020		41.77		.27
OTHER OPTOMETRIC SERVICES	1	1		57.20		57.20	.000		57.20		.03

@CHIROPRACTOR	2	4	\$	58.52	\$	14.63	.002	\$	29.26	\$	.03
VISITS	2	4		58.52		14.63	.002	·	29.26		.03
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	1	1	\$	18.10	\$		.000	\$	18.10	\$	.01
MEDICINE/INJECTIONS	1	1		18.10		18.10	.000		18.10		.01
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	5	8	\$	427.26	\$	53.41	.004	\$	85.45	\$	.20
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	2	2	\$	117.68	\$	58.84	.001	\$	58.84		.05
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00		.00
FAMILY NURSE PRACTITIONER	5	14	\$	209.64	\$	14.97	.007	\$	41.93		.10
@TOTAL HOSPITAL	163	749	\$	91,517.48	\$	122.19	.348		561.46		42.51
HOSP INPATIENT TOTAL	12	56		70,623.03		1261.13	.026		5885.25		32.80
HSC HOSPITALS	2	21		25,930.00		1234.76	.010		12965.00		12.04
NON-HSC HOSPITAL TOTAL	10	35		44,693.03		1276.94	.016		4469.30		20.76
ACCOMMODATIONS	10	35		15,029.21		429.41	.016		1502.92		6.98
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	10	35		15,029.21		429.41	.016		1502.92		6.98
ANCILLARIES	10	0		29,663.82		.00	.000		2966.38		13.78
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	153	693		20,894.45		30.15	.322		136.57		9.70
MEDICAL	62	82		4,064.79		49.57	.038		65.56		1.89
SURGERY	12	15		713.96		47.60	.007		59.50		.33
PATHOLOGY	63	274		2,891.96		10.55	.127		45.90		1.34
RADIOLOGY	71	103		6,496.40		63.07	.048		91.50		3.02
ROOM USE	91	100		3,656.95		36.57	.046		40.19		1.70
CROSSOVERS/ALL OTH OUTPTNT	54	119		3,070.39		25.80	.055		56.86		1.43
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITUR	ES MON	TH-OF-PAYMENT RE	EPOR	T FOR JAN 2	2004 THRU	DEC	2004	PI	AGE 18,535
MOP024	FEE-FOR-SERVICE	/DENTAL									03/14/05
YUBA COUNTY	SUMMARY OF SERV	ICES FOR EDWARDS	CASES	S IN PA-FAMILIES		AID CODE	38				
							M	INO	THLY AVERA	GE -	
2,153 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PΕ	R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	163	749	\$	91,517.48	\$	122.19	.348	\$	561.46	\$	42.51

COMM HOSP INPATIENT TOTAL	12	56		70,623.03		1261.13	.026		5885.25		32.80
HSC HOSPITALS	2	21		25,930.00		1234.76	.010		12965.00		12.04
NON-HSC HOSPITALS TOTAL	10	35		44,693.03		1276.94	.016		4469.30		20.76
ACCOMMODATIONS	10	35		15,029.21		429.41	.016		1502.92		6.98
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	10	35		15,029.21		429.41	.016		1502.92		6.98
ANCILLARIES	10	0		29,663.82		.00	.000		2966.38		13.78
INPATIENT CROSSOVERS	0	Ő		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	153	693		20,894.45		30.15	.322		136.57		9.70
MEDICAL	62	82		4,064.79		49.57	.038		65.56		1.89
SURGERY	12	15		713.96		47.60	.007		59.50		.33
PATHOLOGY	63	274		2,891.96		10.55	.127		45.90		1.34
RADIOLOGY	71	103		6,496.40		63.07	.048		91.50		3.02
ROOM USE	91	100		3,656.95		36.57	.046		40.19		1.70
CROSSOVERS/ALL OTH OUTPTNT	54	119		3,070.39		25.80	.055		56.86		1.43
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	Ċ	.00	Ċ	.00
	0	0	۲	.00	۲	.00	.000	۲	.00	ې	.00
MENTALLY ILL	0	0		.00					.00		
DEVELOP. DISABLED	0	0	ċ	.00	ċ	.00	.000	ċ		ċ	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	Þ	.00	Ş	.00
LEV A-INTERMEDIATE	0	0				.00	.000				.00
LEV B-REHAB MD	0	U		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0			.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	U	0	<b>^</b>	.00	<u> </u>	.00	.000	<u>^</u>	.00	<u> </u>	.00
@INTERMEDIATE CARE FACILDD	U	0	\$	.00	\$	.00	.000	\$	.00	Ş	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0	_	.00	_	.00	.000	_	.00	_	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	Ş	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	_	.00	_	.00	.000	_	.00	_	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	Ş	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	59	175	\$	2,716.14	\$	15.52	.081	Ş	46.04	Ş	1.26
PATHOLOGY	59	175		2,716.14		15.52	.081		46.04		1.26
XO AND OTHERS	0	0	_	.00	_	.00	.000	_	.00	_	.00
@ORGANIZED OUTPATIENT CLINIC	428	633	\$	51,585.94	\$	81.49	.294	\$	120.53	Ş	23.96
CLINIC	27	102		1,899.22		18.62	.047		70.34		.88
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	402	531		49,686.72		93.57	.247		123.60	_	23.08
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITUE	RES MOI	NTH-OF-PAYMENT RE	EPOR'I	' FOR JAN 2	2004 THRU	DEC	2004	Ρ.	AGE 18,536
MOP024	FEE-FOR-SERVICE						2.2				03/14/05
YUBA COUNTY	SUMMARY OF SERV	ICES FOR EDWARDS	CASE	S IN PA-FAMILIES		AID CODE				<b>C D</b>	
2 152 817078180	HODDO	INTEG OF SERVICE			70 7 7 7 7	DACE COCE			HLY AVERA		
2,153 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES							COST PER
QALL OBUED DDOMEDED	111	OR DAYS OF CARE		0 450 20		R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	111		\$	8,450.39	Ş	15.56	.252	Þ		Ş	
DURABLE MED. EQUIP.	10	13		701.25		53.94	.006		70.13		.33
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	16	273		4,722.59		17.30	.127		295.16		2.19

AMBULANCES/AIR TRANS	16	273	2,922.59	10.71	.127	182.6	6	1.36
OTHER TRANS	0	0	.00	.00	.000	. 0	0	.00
OTHER SERVICES	0	0	1,800.00	.00	.000	. 0	0	.84
ACUPUNCTURE	0	0	.00	.00	.000	. 0	0	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	. 0	0	.00
GENETIC DISEASE TESTING	2	2	210.00	105.00	.001	105.0	0	.10
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	. 0	0	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	. 0	0	.00
OPTICIAN	13	29	242.84	8.37	.013	18.6	8	.11
PHYSICAL THERAPIST	1	3	34.91	11.64	.001	34.9	1	.02
PORTABLE X-RAY	0	0	.00	.00	.000	. 0	0	.00
PROSTHETIST/ORTHOTISTS	2	2	127.77	63.89	.001	63.8	9	.06
PROSTHETICS	2	2	127.77	63.89	.001	63.8	9	.06
ORTHOTICS	0	0	.00	.00	.000	. 0	0	.00
PSYCHOLOGIST	0	0	.00	.00	.000	. 0	0	.00
SPEECH AND AUDIOLOGY	2	3	165.24	55.08	.001	82.6	2	.08
HOSPICE SERVICES	0	0	.00	.00	.000	. 0	0	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	. 0	0	.00
LOCAL EDUCATION AGENCIES	64	216	2,236.64	10.35	.100	34.9	5	1.04
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	. 0	0	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	. 0	0	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	. 0	0	.00
ALL OTHER PROVIDERS	2	2	9.15	4.58	.001	4.5	8	.00
@CALIF. CHILDREN SERVICES*	4	14	\$ 755.31	\$ 53.95	.007	\$ 188.8	3 \$	.35
@XOVER EXCLUDING STATE HOSP**	2	12	\$ 64.41	\$ 5.37	.006	\$ 32.2	1 \$	.03

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,537 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 YUBA COUNTY SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

					MO	NTHLY AVERA	GE
183 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	69	278	\$ 10,459.84	\$ 37.63	1.519	\$ 151.59	\$ 57.16
@PHYSICIANS SERVICES	4	6	\$ 190.59	\$ 31.77	.033	\$ 47.65	\$ 1.04
OUTPATIENT VISITS	1	1	88.81	88.81	.005	88.81	.49
OFFICE VISITS	1	1	88.81	88.81	.005	88.81	.49
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00		.00
DIALYSIS	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	3	5		101.78		20.36	.027	33.93		.56
PSYCHIATRY	0	0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000	.00		.00
@PHARMACY	45	123	\$	6,119.53	\$	49.75	.672	\$ 135.99	\$	33.44
PRESCRIPTION DRUGS	45	117		5,379.38		45.98	.639	119.54		29.40
SNF/ICF	0	0		.00		.00	.000	.00		.00
OUTPATIENTS	45	117		5,379.38		45.98	.639	119.54		29.40
MEDICAL SUPPLIES	3	6		740.15		123.36	.033	246.72		4.04
@DENTIST	1	7	\$	36.00	\$	5.14	.038	\$ 36.00	\$	.20
VISITS - DIAGNOSTIC	1	7		36.00		5.14	.038	36.00		.20
ORAL SURGERY	0	0		.00		.00	.000	.00		.00
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	0	0		.00		.00	.000	.00		.00
ENDODONTICS	0	0		.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		ES MO	NTH-OF-PAYMENT RE	PORT	FOR JAN 20	004 THRU	DEC 2004	P	AGE 18,538
MOP024	FEE-FOR-SERVICE/DENTA	L								03/14/05

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183 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	ΔVF	RAGE COST			COST PER	نتى	COST PER
103 EDIGIDDES	ODERD	OR DAYS OF CARE		EXTENDITORES	PER		PER ELIG	-	USER		ELIGIBLE
@OPTOMETRIST	1	ON DAIS OF CARE	\$	90.30	Ś	22.58	.022		90.30	Ś	.49
DIAGNOSTIC AND ANC. PROCED	1	1	Ÿ	47.45	٧	47.45	.005	Y	47.45	Y	.26
EYE APPLIANCES	1	3		42.85		14.28	.016		42.85		.23
OTHER OPTOMETRIC SERVICES	U	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	Ċ	.00		\$	.00	Ś	.00
VISITS	0	0	Y	.00	Ÿ	.00	.000	Y	.00	Y	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	Ċ	.00	Ċ	.00		\$	.00	Ś	.00
MEDICINE/INJECTIONS	0	0	Y	.00	Ÿ	.00	.000	Y	.00	Y	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	Ċ	.00	Ċ	.00	.000	Ċ	.00	Ċ	.00
NURSE ANESTHESIST	0	0	ب خ	.00	ې خ	.00	.000	۲	.00	۲	.00
NURSE MIDWIFE	0	0	ب د	.00	ې د	.00	.000	۲	.00	۲	.00
PEDIATRIC NURSE PRACTITIONER	0	0	ب د	.00	ې د	.00	.000	۲	.00	۲	.00
FAMILY NURSE PRACTITIONER	1	3	¢	31.26	Ċ	10.42	.016	ç	31.26	Ċ	.17
@TOTAL HOSPITAL	Ο Τ	41	ب د	1,527.33	ې د	37.25	.224	۲	169.70	۲	8.35
HOSP INPATIENT TOTAL	0	41	٧	.00	۲	.00	.000	۲	.00	۲	.00
HSC HOSPITALS	0	0		.00			.000		.00		.00
	0	0				.00					
NON-HSC HOSPITAL TOTAL ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	U	U		.00		.00	.000		.00		.00

SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

YUBA COUNTY

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	9	41	1,527.33	37.25	.224	169.70	8.35
MEDICAL	3	7	228.28		.038	76.09	1.25
SURGERY	3	4	326.09	81.52	.022	108.70	1.78
PATHOLOGY	2	5	124.52	24.90	.027	62.26	.68
RADIOLOGY	4	8	395.62	49.45	.044	98.91	2.16
ROOM USE	6	8	309.54	38.69	.044	51.59	1.69
CROSSOVERS/ALL OTH OUTPTNT	4	9	143.28	15.92	.049	35.82	.78
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT		0	.00		.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR JAN	2004 THRU	DEC 2004	PAGE 18,539

MOP024 FEE-FOR-SERVICE/DENTAL
YUBA COUNTY SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P 03/14/05

							N	INON	HLY AVERA	GE -	
183 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	YS	COST PER		COST PER
		OR DAYS OF CARE	1		PER	UNIT/DAY	PER ELIC	3	USER	E	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9	41	\$	1,527.33	\$	37.25	.224	\$	169.70	\$	8.35
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		. 00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000				.00
INPATIENT CROSSOVERS	0	0		.00		0.0	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00 .00 37.25 32.61	.000		.00		.00
				.00 1,527.33		.00			.00 169.70 76.09		
COMM HOSP OUTPATIENT TOTAL	9	41				37.25	.224		169.70		8.35
MEDICAL	3	/		228.28		32.61	.038		76.09		1.25
SURGERY	3	4		326.09		81.52	.022		108.70 62.26		1.78
PATHOLOGY	2	5		124.52		24.90	.027				.68
RADIOLOGY	4	8		395.62		49.45	.044		98.91		2.16
ROOM USE	6	8		309.54		38.69	.044		51.59		1.69
CROSSOVERS/ALL OTH OUTPINT	4	41 7 4 5 8 8 9 0 0		143.28		15.92	.049		35.82		.78
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	Ō	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	Õ		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	Ś		\$	.00	.000		.00	Ċ	.00
ICF DDH	0	0	Y	.00	Ÿ	.00	.000	Y	.00	Y	.00
ICF DDA	0	0		.00		.00	.000		.00		.00
	0	0									
ICF DDN/DDCN	0	0	<u> </u>	.00	<u> </u>	.00	.000	<u>^</u>	.00	<u> </u>	.00
@HEMODIALYSIS TOTAL	_		\$		\$	.00	.000	\$	.00	Ş	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY		3	Ş	174.62	\$	58.21		Ş	174.62	Ş	.95
HOSPITAL BASED	1	3		174.62		58.21	.016		174.62		.95
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0 19	0 0 3 3 0 0 0 0	\$	1,790.86	\$	81.40	.120	\$	94.26	\$	9.79
CLINIC	1	2		22.94		11.47	.011		22.94		.13
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	18	20		1,767.92		88.40	.109				9.66
			RES N	MONTH-OF-PAYMENT R	EPORT						
MOP024	FEE-FOR-SERVIC		~ 1			_ 01: 0111 2		210			03/14/05
YUBA COUNTY			PEDT.	/NLDC IN PA-DISABL	ED AT	D CODES 6N	J 6P				00,11,00
10211 0001111	SOLUTION OF DELL	. 1010 101 DD1 AII	/ لند عب	1.220 11, 111 DIOADI		_ 00000 01		и⊖ип	HLY AVERA	CF -	
100 FF FGTRI FG									.nli Avera		

183 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

	OR	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	10	69 \$	499.35	\$ 7.24	.377 \$	49.94	\$ 2.73
DURABLE MED. EQUIP.	2	34	125.84	3.70	.186	62.92	.69
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	6	148.61	24.77	.033	74.31	.81
AMBULANCES/AIR TRANS	2	6	148.61	24.77	.033	74.31	.81
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	7	72.82	10.40	.038	36.41	.40
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	21	144.07	6.86	.115	48.02	.79
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	1	8.01	8.01	.005	8.01	.04
@CALIF. CHILDREN SERVICES*	3	38 \$	358.58	\$ 9.44	.208 \$	119.53	\$ 1.96
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
0 * MOMATO TAL MURCE LINES ADE CIVE	M AC A CEDADAME	TATEODMARITON TREM	ONIT V.				

DEB HINTT/DAY DEB ELTC

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OR DAVS OF CARE

0\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

YUBA COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,541 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED

----- MONTHLY AVERAGE -----68 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 77 51,887.12 673.86 \$ 763.05 1,854 27.99 27.265 \$ @TOTAL, ALL PROVIDERS 10 324.48 \$ 20.28 32.45 \$ @PHYSICIANS SERVICES .235 \$ 4.77 16 .00 OUTPATIENT VISITS 0 0 .00 .00 .000 .00 .00 .00 .00 OFFICE VISITS .000 .00 HOME VISITS .00 .00 .000 .00 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 .00 .00 .000 .00 PREVENTIVE CARE .00 .00 OB VISITS/COMPRE PERI .00 .000 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 .00 .00 INPATIENT VISITS .00 .000 .00 HOSPITAL VISITS .00 .00 .00 .000 .00 CRITICAL CARE .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 0 .00 EXAMINATIONS .00 .000 .00 .00 SERVICES AND MATERIALS .00 .000 .00 .00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	10	16		324.48		20.28	.235		32.45		4.77
@PHARMACY	50	301	\$	12,383.68	\$	41.14	4.426	\$	247.67	\$	182.11
PRESCRIPTION DRUGS	46	176		12,151.17		69.04	2.588		264.16		178.69
SNF/ICF	10	58		2,507.04		43.22	.853		250.70		36.87
OUTPATIENTS	37	118		9,644.13		81.73	1.735		260.65		141.83
MEDICAL SUPPLIES	4	125		232.51		1.86	1.838		58.13		3.42
@DENTIST	2	7	\$	87.00	\$	12.43	.103	\$	43.50	\$	1.28
VISITS - DIAGNOSTIC	2	6		62.00		10.33	.088		31.00		.91
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1	1		25.00		25.00	.015		25.00		.37
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITUR	ES MONT	'H-OF-PAYMENT RE	EPORT	FOR JAN	2004 THRU	DEC	2004	P.	AGE 18,542
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FOR	CRAIG C	ASES- A	GED IN PA-AGED		AID CO					
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OST PER LIGIBLE 1.56
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FAMILI NURSE PRACILITONER	0	1.0	ې	.00	3 .00	.000 3			.00
@TOTAL HOSPITAL	4	10	\$	1,025.07		.147 \$		\$	15.07
HOSP INPATIENT TOTAL	1	0		876.00	.00	.000	876.00		12.88
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	1	0		876.00	.00	.000	876.00		12.88
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	1	10		149.07	14.91	.147	37.27		2.19
MEDICAL	0	0		.00	.00	.000	.00		.00
	0	0							
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	4	10		149.07	14.91	.147	37.27		2.19
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000 \$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
	0	0							
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITUR	ES MON	TH-OF-PAYMENT RE	PORT FOR JAN 2	2004 THRU DE	C 2004	PP	AGE 18,543
MOP024	FEE-FOR-SERVICE/DEN	ITAL							03/14/05
YUBA COUNTY	SUMMARY OF SERVICES	FOR CRAIG C	ASES-	AGED IN PA-AGED	AID CODE	E 1E			
						MON	THLY AVERA	GE -	
68 ELIGIBLES	USERS UNI	TS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
** ======		DAYS OF CARE			PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4	10	\$	1,025.07	\$ 102.51	.147 \$			15.07
COMM HOSP INPATIENT TOTAL	1	0	۲	876.00	.00	.000	876.00	٣	12.88
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0			.00				
	0	0		.00		.000	.00		.00
ACCOMMODATIONS	· ·	· ·		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	O -	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	1	0		876.00	.00	.000	876.00		12.88
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	4	10		149.07	14.91	.147	37.27		2.19
MEDICAL	0	0		.00	.00	.000	.00		.00

FAMILY NURSE PRACTITIONER

0 0 \$ .00 \$ .00 \$ .00 \$ .00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	4	10	149.07	14.91	.147	37.27	2.19
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	10	175	\$ 25,485.04	\$ 145.63	2.574	\$ 2548.50	\$ 374.78
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	10	175	25,485.04	145.63	2.574	2548.50	374.78
@INTERMEDIATE CARE FACILDD	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	1	1	\$ 268.08	\$ 268.08	.015	\$ 268.08	\$ 3.94
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	1	1	268.08	268.08	.015	268.08	3.94
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$ .00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	9	13	\$ 310.78	\$ 23.91		\$ 34.53	\$ 4.57
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00

RURAL HEALTH CLINIC 9 13 310.78 23.91 .191 34.53 4.57 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,544 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05

YUBA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

10211 0001111	00111111111 01 011111101	-0 -010 014110 011010	11022 111 11022	1112 002.			
					MO	NTHLY AVERA	GE
68 ELIGIBLES	USERS UN	NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	14	1 <b>,</b> 323 \$	11,860.72	\$ 8.97	19.456	\$ 847.19	\$ 174.42
DURABLE MED. EQUIP.	1	26	356.20	13.70	.382	356.20	5.24
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	2	34.85	17.43	.029	34.85	.51
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	2	34.85	17.43	.029	34.85	.51
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	2	9	851.01	94.56	.132	425.51	12.51
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	26.08	13.04	.029	26.08	.38
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	2	1.77	.89	.029	1.77	.03
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	2	87	9,884.94	113.62	1.279	4942.47	145.37
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	7	1 <b>,</b> 195	705.87	.59	17.574	100.84	10.38
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	23	578 \$	6,991.66	\$ 12.10	8.500	\$ 303.99	\$ 102.82
0* TOTALS IN THESE LINES ARE	GIVEN AS A SEPARATE	E INFORMATION ITEM (	ONLY;				

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,545 MOP024 03/14/05 FEE-FOR-SERVICE/DENTAL YUBA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

					MOI	NTHLY AVERA	GE	
USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COS	T UNITS/DAYS	COST PER		COST PER
	OR DAYS OF CARE			PER UNIT/DA	Y PER ELIG	USER		ELIGIBLE
4	979	\$	728.65	\$ .74	489.500	\$ 182.16	\$	364.33
0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
0	0		.00	.00	.000	.00		.00
	USERS  4 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE	OR DAYS OF CARE	OR DAYS OF CARE  4 979 \$ 728.65 0 0 \$ .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00	OR DAYS OF CARE  4 979 \$ 728.65 \$ .74 0 0 \$ .00 \$ .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00	USERS         UNITS OF SERVICE OR DAYS OF CARE         EXPENDITURES         AVERAGE COST UNITS/DAYS PER UNIT/DAY PER ELIG           4         979 \$ 728.65 \$ .74 489.500 \$           0         0 \$ .00 \$ .00 .00 .000 \$           0         0 \$ .00 \$ .00 .00 .000 .000 .000 .000 .	USERS         UNITS OF SERVICE OR DAYS OF CARE         EXPENDITURES         AVERAGE COST UNITS/DAYS PER ELIG         COST PER PER UNIT/DAY         PER UNIT/DAY         PER ELIG         USER           4         979         \$         728.65         \$         .74         489.500         \$         182.16           0         0         \$         .00         \$         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00           0	OR DAYS OF CARE         PER UNIT/DAY PER ELIG         USER           4         979 \$         728.65 \$         .74 489.500 \$         182.16 \$           0         0 \$         .00 \$         .00 \$         .00 \$           0         0 \$         .00 \$         .00 \$         .00 \$           0         0 \$         .00 \$         .00 \$         .00 \$           0         0 \$         .00 \$         .00 \$         .00 \$           0         0 \$         .00 \$         .00 \$         .00 \$           0         0 \$         .00 \$         .00 \$         .00 \$           0         0 \$         .00 \$         .00 \$         .00 \$           0         0 \$         .00 \$         .00 \$         .00 \$           0         0 \$         .00 \$         .00 \$         .00 \$           0         0 \$         .00 \$         .00 \$         .00 \$           0         0 \$         .00 \$         .00 \$         .00 \$           0         0 \$         .00 \$         .00 \$         .00 \$           0         0 \$         .00 \$         .00 \$         .00 \$           0         0 \$         .00 \$         .00 \$         .00 \$     <

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
	0	0	.00			.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.000		
PRINCIPAL SURGEON	U	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	Û	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0					
RADIOLOGY	U	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	2	922 \$	459.42 \$	.50	461.000 \$	229.71	\$ 229.71
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	Û	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	922	459.42	.50	461.000	229.71	229.71
	2						
@DENTIST	U	0 \$	.00 \$		.000 \$	.00	
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
	0	0					
DENTURES, STAYPLATES	U	U	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES MON					PAGE 18,546
MOP024	FEE-FOR-SERVICE		viii oi iiiiiibivi ikbi o	ici i oic oinc 2	LOGI IIIKO DEG	2001	03/14/05
YUBA COUNTY		ICES FOR CRAIG CASES-	DITND IN DA DITND	AID CODE	7 7 77		03/14/03
IUBA COUNTI	SUMMARI OF SERV	ICES FOR CRAIG CASES-	BLIND IN PA-BLIND	AID CODE		11 11 A 11 II D A C	N
00					MONTE		
02 ELIGIBLES	USERS	UNITS OF SERVICE			UNITS/DAYS (		COST PER
		OR DAYS OF CARE		ER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	0	0 \$	.00 \$	.00	.000 \$	.00	\$ .00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00 \$	.00	.000 \$		\$ .00
	0	- '	.00	.00	.000 \$	.00	.00
VISITS	ŭ	0					
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00 \$		.000 \$	.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00

DADTO /DAMIOTOCV	0	0	0.0	0.0	000	0.0	0.0
RADIO./PATHOLOGY	•	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000 \$	.00	·
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
@TOTAL HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00	
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
	0	0					.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	O	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
	0	0	.00				
CROSSOVERS/ALL OTH OUTPTNT	0			.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$		•
CO HOSPITAL INPATIENT TOTAL	Ü	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
	0	0					
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	U	U	.00	.00	.000	.00	.00
RADIOLOGY	U	U	.00	.00	.000	.00	.00
ROOM USE	O	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES N	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2004 THRU DE	C 2004	PAGE 18,547
MOP024	FEE-FOR-SERVICE/	DENTAL					03/14/05
YUBA COUNTY	SUMMARY OF SERVI	CES FOR CRAIG CASES	S- BLIND IN PA-BLIN	ND AID COD	E 2E		
					MON'	THLY AVERA	.GE
02 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0					.00
TRANSITIONAL IP CARE	U	U	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
	0	0									
MEDICAL	U	U		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
	0	0	Y		Y			Y		Y	
MENTALLY ILL	U	•		.00		.00	.000		.00		.00
DEVELOP. DISABLED	Ü	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$		\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	0	•									
LEV B-REGULAR	U	0	_	.00	_	.00	.000	_	.00	_	.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$		\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0	т	.00	т	.00	.000	Τ.	.00	Τ.	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
	0	•	ć		ċ			Ċ		Ċ	
@REHABILITATION FACILITY	U	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	Ś	.00	\$	.00	.000	\$		\$	.00
CLINIC	0	0	т	.00	т	.00	.000	Τ.	.00	Τ.	.00
	0	0									
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	U	Ü		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDIT	JRES MO	ONTH-OF-PAYMENT R	REPORT	FOR JAN 2	2004 THRU	DEC	2004	PΙ	AGE 18,548
MOP024	FEE-FOR-SERVICE	/DENTAL									03/14/05
YUBA COUNTY	SUMMARY OF SERV	ICES FOR CRAIG	CASES-	- BLIND IN PA-BLI	ND	AID CODE	E 2E				
							M	ONT	HLY AVERA	GE -	
02 ELIGIBLES	USERS	UNITS OF SERVI	~E	EXPENDITURES	AVE	RAGE COST	UNITS/DAY		COST PER		COST PER
02 111011110	00210	OR DAYS OF CAL		EMPERED			PER ELIG		USER		ELIGIBLE
GALL OWNED DDOMIDEDC	2			260 22							
@ALL OTHER PROVIDERS	2	57	\$	269.23	\$	4.72	28.500	Ş	134.62	Ş	134.62
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
	0	0		.00			.000		.00		.00
OTHER SERVICES	0	U				.00					
ACUPUNCTURE	Ü	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	57		269.23	4.72	28.500	134.62	134.62
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$ .00	.000	\$ .00	\$ .00

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

\*\* THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,549
MOP024 FEE-FOR-SERVICE/DENTAL
YUBA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

----- MONTHLY AVERAGE -----491 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 478 6**,**727 \$ 13.701 \$ 512.90 \$ 499.32 @TOTAL, ALL PROVIDERS 245,164.58 \$ 36.44 @PHYSICIANS SERVICES 92 245 10,702.75 \$ 43.68 .499 \$ 116.33 \$ 21.80 50.45 OUTPATIENT VISITS 46 66 2,320.89 35.17 .134 4.73 39 49 29.74 .100 37.37 2.97 OFFICE VISITS 1,457.37

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	8	14	805.92	57.57	.029	100.74	1.64
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	3	57.60	19.20	.006	57.60	.12
INPATIENT VISITS	5	11	523.50	47.59	.022	104.70	1.07
HOSPITAL VISITS	5	11	523.50	47.59	.022	104.70	1.07
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	11 0 0 4 4 0 15 6 1 8 4 4 0 0 0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	4	4	147.40	36.85	.008	36.85	.30
	4	4	147.40	36.85	.008	36.85	.30
EXAMINATIONS	4	4					
SERVICES AND MATERIALS	Ü	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	15	2,218.86	147.92	.031	443.77	4.52
PRINCIPAL SURGEON	4	6	1,925.54	320.92	.012	481.39	3.92
ASSISTANT SURGEON	1	1	92.70	92.70	.002	92.70	.19
ANESTHESIOLOGIST	2	8	200.62	25.08	.016	100.31	.41
OUTPATIENT SURGERY	3	4	935.03	233.76	.008	311.68	1.90
PRINCIPAL SURGEON	3	4	935.03	233.76	.008	311.68	1.90
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	2	7	156.32	22.33	.014	78.16	.32
PATHOLOGY	7	10	177.67	17.77	.020	25.38	.36
ANESTHESIOLOGIST DIALYSIS PATHOLOGY RADIOLOGY	25	36	2,685.30	74.59	.073	107.41	5.47
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
TMMINITZATION AND INTECTION	1	26	355.56	13.68	.053	355.56	.72
OBJED CEDITOEC ALL VOIEDO	2.4	20	1,182.22				
PSYCHIATRY IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS  @PHARMACY PRESCRIPTION DRUGS SNF/ICF OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS	34	36 0 26 66 3,839 \$		17.91	.134	34.77	2.41
@PHARMACY	298	3,839 \$	104,953.41		7.819 \$		•
PRESCRIPTION DRUGS	296	1,104	103,276.94	93.55	2.248	348.91	210.34
SNF/ICF	31	184	11,163.82	60.67	.375	360.12	22.74
OUTPATIENTS	265	920	92,113.12	100.12	1.874	347.60	187.60
MEDICAL SUPPLIES	15	2,735	1,676.47	.61	5.570	111.76	3.41
@DENTIST	24	66 \$	4,876.00	\$ 73.88	.134 \$	203.17	\$ 9.93
VISITS - DIAGNOSTIC	12	41	770.00	18.78	.084	64.17	1.57
ORAL SURGERY	2	2	90.00	45.00	.004	45.00	.18
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	118.00	118.00	.002	118.00	.24
ENDODONTICS	_ 1	<u></u>	.00	.00	.002	.00	.00
RESTORATIVE DENTISTRY	7	12	778.00	64.83	.024	111.14	1.58
PROSTHETICS	ņ	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	4	8	2,980.00	372.50	.016	745.00	6.07
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
	0	0					.00
FRACTURES, DISLOCATIONS	-	2	.00	.00	.000	.00	
ORTHODONTIC SERVICES	2	<del>-</del>	140.00	70.00	.004	70.00	.29
ALL OTHER SERVICES	0	1CR	.00	.00	.002CR	.00	.00
#CALIF DEPT OF HEALTH SERV			ONTH-OF-PAYMENT R	EPORT FOR JAN 2	2004 THRU DEC	2004	PAGE 18,550
	FEE-FOR-SERVICE						03/14/05
YUBA COUNTY	SUMMARY OF SERV	ICES FOR CRAIG CASES-	- DISABLED IN PA-	DISABLED AID CO			
					MONT		
491 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	5	12 \$	208.62	•	·	41.72	•
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.002	47.45	.10
EYE APPLIANCES	4	10	160.12	16.01	.020	40.03	.33
OTHER OPTOMETRIC SERVICES	1	1	1.05	1.05	.002	1.05	.00

OTHER SERVICES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	Ś	.00	Ś	.00
OTHER SERVICES 0 0 0 1.00 1.00 1.00 1.00 1.00 1.00 1.	-			Τ		Τ.			т		Τ	
## SPONDAMENS   3   3   5   5.85   1.98   0.06   1.98   5   0.01   ## MEDICINE/INSCITIONS   0   0   0   0.00   0.00   0.00   0.00   0.00   SUKGENY/ANDS:												
MEDICINE/INDECTIONS		-		S		Ś			Ś		Ś	
SUMBRIPY_ANNES.   0				Τ		Τ.			т		Τ	
SADIGL /PATIOLOGY		-										
Content		-										
### STATES   1		7										
NURSE MORNIFES 1 1 3 \$ 71.85 \$ 23.95 .006 \$ 71.85 \$ 1.5 NURSE MORNIFE		-		Ċ		Ċ			Ċ		Ċ	
NURSE MIDHITES    0   0   5   .00   .00		1										
PEDITATEC NURSE PRACTITIONER		0										
PAMILY NURSE PREATITIONER		-										
## SPETAL   19		•				Ċ						
HOSP INPATIENT TOTAL 2 29 35,087.14 1209.90 .059 17543.57 71.46 HSC BOSPITALS 0 0 0.00 .00 .00 .00 .00 .00 .00 .00 NON-HSC BOSPITALT TOTAL 2 29 35,087.14 1209.90 .059 17543.57 71.46 ACCOMMODATIONS 2 2 29 10.984.33 378.77 .059 5492.17 22.37 ALMINISTRATIVE DAYS 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00		=				¢	162 70					
NON-HISC HOSPITALS	• -			Ÿ		Y					Y	
NON-HISC HOSPITAL TOTAL   2   29   35,087.14   1209.90   .059   17543.57   71,46					-							
ADMINISTRATIVE DAYS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		-										
ADMINISTRATIVE DAYS  TRANSITIONAL IP CARE  0 0 0,00 .00 .00 .00 .00 .00 .00 .00 .00												
TRANSITIONAL IP CARE  0					•							
ALL OTHER ACCOM  2		•										
ANCILIARIES 2 0 24,102.81 .00 .000 12051.41 49.09  ALL OTHER INPATIENT CROSSOVERS 0 0 0 .00 .00 .000 .000 .000  ALL OTHER INPATIENT 0 0 0 .00 .00 .000 .000 .000 .000  AND OUTPATIENT TOTAL 38 227 6,586.23 29.01 .462 .73.2 13.41  MEDICAL 12 22 940.50 42.75 .045 78.38 1.92  SURGERY 2 2 2 57.67 28.84 .004 28.84 .12  PATHOLOGY 20 82 1,231.10 15.01 .167 61.56 2.51  RADIOLOGY 10 133 2,451.19 188.75 .026 245.12 4.99  ROOM USE 20 82 1,231.10 15.01 .167 61.56 2.51  RADIOLOGY 10 133 2,451.19 188.75 .026 245.12 4.99  ROOM USE 3/ALL OTH OUTPINT 16 81 769.51 9.50 .165 48.09 1.57  GROSSOVERS/ALL OTH OUTPINT 16 81 769.51 9.50 .105 48.09 1.57  GROSSOVERS/ALL OTH OUTPINT 16 81 769.51 9.50 .000 \$ .000 \$ .000  CO HOSPITAL INPATIENT TOTAL 0 0 \$ .00 \$ .00 .000 .000 .000 .000  NON-HSC HOSPITALS TOTAL 0 0 0 \$ .00 \$ .00 .000 .000 .000 .000  NON-HSC HOSPITALS TOTAL 0 0 0 0 .00 .000 .000 .000 .000  ACCOMPOSATION DAYS 0 0 0 .00 .00 .000 .000 .000 .000  ACCOMPOSATION DAYS 0 0 0 .00 .00 .000 .000 .000 .000  ANOLILARIES 0 0 0 0 .00 .00 .000 .000 .000 .000  ANOLILARIES 0 0 0 0 .00 .00 .000 .000 .000 .000  ANOLILARIES 0 0 0 0 .00 .00 .000 .000 .000 .000  ANOLILARIES 0 0 0 0 .00 .00 .000 .000 .000 .000  ANOLILARIES 0 0 0 0 .00 .000 .000 .000 .000 .000  ANOLILARIES 0 0 0 0 .00 .000 .000 .000 .000 .000  CO HOSP OUTPATIENT TOTAL 0 0 0 0 .000 .000 .000 .000 .000  ANOLILARIES 0 0 0 0 .00 .000 .000 .000 .000 .000  ANOLILARIES 0 0 0 0 .00 .000 .000 .000 .000 .000												
INPATIENT CROSSOVERS   0		2										
ALL OTHER INPATIENT 0 0 0 0 00 00 00 00 00 100 100 100 100		0			-							
HOSP OUTPATIENT TOTAL   38		-	-									
MEDICAL 12 22 940.50 42.75 .045 78.38 1.92 SURGERY 2 2 2 55.67 28.84 .004 28.84 .12 PATHOLOGY 10 13 2.451.19 180.55 .026 245.12 4.99 ROM USE 20 27 1.136.26 42.08 .055 56.81 2.31 CROSSOVERS/ALL OTH OUTPINT 16 81 769.51 9.50 .165 48.09 1.57 GCOUNTY HOSPITAL TOTAL 0 0 \$ .00 \$ .00 .00 \$ .00 \$ .00  CO HOSPITAL INPATIENT TOTAL 0 0 \$ .00 \$ .00 .00 .00 \$ .00  NON-HSC HOSPITALS TOTAL 0 0 0 0 .00 .00 .00 .00 .00 .00  ACCOMMODATIONS 0 0 0 0 .00 .00 .00 .00 .00 .00  ACCOMMODATIONS 0 0 0 0 .00 .00 .00 .00 .00 .00  ACCOMMODATIONS 0 0 0 0 .00 .00 .00 .00 .00 .00  ANOINSTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00  ANOINSTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00  ANOILLARIES 0 0 0 0 .00 .00 .00 .00 .00 .00  ANOILLARIES 0 0 0 0 .00 .00 .00 .00 .00 .00  ANOILLARIES 0 0 0 0 .00 .00 .00 .00 .00 .00  ANOILLARIES 0 0 0 0 .00 .00 .00 .00 .00 .00  ANOILLARIES 0 0 0 0 .00 .00 .00 .00 .00 .00 .00  ANOILLARIES 0 0 0 0 .00 .00 .00 .00 .00 .00 .00  ANOILLARIES 0 0 0 0 .00 .00 .00 .00 .00 .00 .00  ANOILLARIES 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0		7										
SURGERY 2 2 2 57.67 28.84 .004 28.84 .12 PATHOLOGY 20 82 1,231.10 15.01 .167 61.56 2.51 RADIOLOGY 10 13 2,451.19 188.55 .026 245.12 4.99 ROM USE CROSSOVERS/ALL OTH OUTPINT 16 81 769.51 9.50 .165 48.09 1.57  @COUNTY HOSPITAL TOTAL 0 0 5 .00 \$.00 .000 \$.00 .00 .00 HSC HOSPITALIS TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 HSC HOSPITALIS TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 NN-HSC HOSPITALS TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 .00 NN-HSC HOSPITALS TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 .00  ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS 0 0 0 .00 .00 .00 .00 .00 .00 .00  AMINISTRATIVE DAYS 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 ALL OTHER ACCOM 0 0 .00 .00 .00 .00 .00 .00 .00 ANCILLARIES 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 ANCILLARIES 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 ALL OTHER RACCOM 0 0 .00 .00 .00 .00 .00 .00 .00 ALL OTHER INPATIENT TOTAL 0 0 0 .00 .00 .00 .00 .00 .00  CO HOSP OUTPATIENT TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 .00 SURGERY 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 SURGERY 0 0 0 0 .00 .00 .00 .00 .00 .00 .00  RADIOLOGY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0												
PATHOLOGY												
RADIOLOGY ROM USE ROM												
ROOM USE 20 27 1,136.26 42.08 .055 56.81 2.31 CROSSOVERS/ALL OTH OUTPTNT 16 81 769.51 9.50 .165 48.09 1.57 8COUNTY HOSPITAL TOTAL 0 0 \$ .0					•							
CROSSOVERS/ALL OTH OUTPTNT												
COUNTY HOSPITAL TOTAL												
CC HOSPITAL INPATIENT TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00				Ś		Ś			Ś		Ś	
HSC HOSPITALS    O				Υ		Υ			Ψ		Υ	
NON-HSC HOSPITALS TOTAL												
ACCOMMODATIONS  ADMINISTRATIVE DAYS  O  O  O  O  O  O  O  O  O  O  O  O  O		0	0									
ADMINISTRATIVE DAYS O TRANSITIONAL IP CARE O O O O O O O O O O O O O O O O O O O		0	-									
TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00												
ALL OTHER ACCOM 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		-										
ANCILLARIES 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0			0									
INPATIENT CROSSOVERS		0	0									
ALL OTHER INPATIENT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0									
MEDICAL 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0		.00							
SURGERY 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0									
SURGERY 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	MEDICAL	0	0		.00		.00	.000		.00		.00
RADIOLOGY ROOM USE O O O O O O O O O O O O O O O O O O O		Ō	0		.00		.00	.000		.00		.00
RADIOLOGY ROOM USE O O O O O O O O O O O O O O O O O O O		0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	RADIOLOGY	Ō	0					.000				
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,551 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 YUBA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E MONTHLY AVERAGE 491 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE	ROOM USE	Ō	0		.00		.00	.000		.00		.00
MOP024 FEE-FOR-SERVICE/DENTAL YUBA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E MONTHLY AVERAGE 491 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE	CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
YUBA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E MONTHLY AVERAGE 491 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE	#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURE	S MO	NTH-OF-PAYMENT RE	EPOR	T FOR JAN 2	2004 THRU	DEC	2004	PI	AGE 18,551
MONTHLY AVERAGE 491 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE	MOP024	FEE-FOR-SERVICE	:/DENTAL									03/14/05
491 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE	YUBA COUNTY	SUMMARY OF SERV	ICES FOR CRAIG CA	SES-	DISABLED IN PA-I	DISA	BLED AID CO	DDE 6E				
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE												
	491 ELIGIBLES	USERS			EXPENDITURES							
@COMMUNITY HOSPITAL TOTAL 39 256 \$ 41,673.37 \$ 162.79 .521 \$ 1068.55 \$ 84.87	0.000	2.2			44 650 05							
	@COMMUNITY HOSPITAL TOTAL	39	256	Ş	41,673.37	Ş	162.79	.521	\$	1068.55	Ş	84.87

COMM HOSP INPATIENT TOTAL	2	29		35,087.14		1209.90	.059		17543.57		71.46
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	2	29		35,087.14		1209.90	.059		17543.57		71.46
ACCOMMODATIONS	2	29		10,984.33		378.77	.059		5492.17		22.37
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	29		10,984.33		378.77	.059		5492.17		22.37
	2	0				.00					49.09
ANCILLARIES	2	0		24,102.81			.000		12051.41		
INPATIENT CROSSOVERS	U	•		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	38	227		6,586.23		29.01	.462		173.32		13.41
MEDICAL	12	22		940.50		42.75	.045		78.38		1.92
SURGERY	2	2		57.67		28.84	.004		28.84		.12
PATHOLOGY	20	82		1,231.10		15.01	.167		61.56		2.51
RADIOLOGY	10	13		2,451.19		188.55	.026		245.12		4.99
ROOM USE	20	27		1,136.26		42.08	.055		56.81		2.31
CROSSOVERS/ALL OTH OUTPTNT	16	81		769.51		9.50	.165		48.09		1.57
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	Ś		\$	.00
MENTALLY ILL	0	0	т	.00	Ψ	.00	.000	Ψ.	.00	т	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
	23		Ś		Ċ			<u>_</u>		Ċ	
@NURSING FACILITY		440	Ş	59,070.28	Ş	134.25	.896	Ş	2568.27	\$	120.31
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	1	31		3,884.92		125.32	.063		3884.92		7.91
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	22	409		55,185.36		134.93	.833		2508.43		112.39
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	3	3	\$	1,404.31	\$	468.10	.006	Ċ	468.10	Ċ	2.86
HOSPITAL BASED	0	0	Y	.00	Ÿ	.00	.000	Y	.00	Y	.00
HEMODIALYSIS CENTER	3	3		1,404.31		468.10	.006		468.10		2.86
	3	4	Ċ		Ċ			<u>_</u>		Ċ	
@REHABILITATION FACILITY	2		\$	165.87	\$	41.47	.008	Ş	82.94	\$	.34
HOSPITAL BASED	2	4		165.87		41.47	.008		82.94		.34
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	22	92	\$	1,015.25	\$	11.04	.187	\$		\$	2.07
PATHOLOGY	22	92		1,015.25		11.04	.187		46.15		2.07
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	85	129	\$	8 <b>,</b> 756.72	\$	67.88	.263	\$	103.02	\$	17.83
CLINIC	1	2		22.94		11.47	.004		22.94		.05
SURGICENTER	1	2		20.00		10.00	.004		20.00		.04
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	83	125		8,713.78		69.71	.255		104.99		17.75
#CALIF DEPT OF HEALTH SERV			RES MO	ONTH-OF-PAYMENT R	FPORT			DEC		D	AGE 18,552
MOP024	FEE-FOR-SERVICE		KED IIC	JNIII OF TATMENT IN	DI OINI	FOR OAN 2	OMIT POOL	טאכ	2004	1.7	03/14/05
			27.000	DICADIED IN DA		TED ATD CC	NDE CE				03/14/03
YUBA COUNTY	SUMMARY OF SERV	ICES FOR CRAIG	CASES-	- DISABLED IN PA-	DISAB	TED AID CC		ONTE		<b>с</b> г	
404			_				M				
491 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		RAGE COST					COST PER
		OR DAYS OF CAR				UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	76	1,601	\$	10,000.32	\$	6.25	3.261	\$		\$	20.37
DURABLE MED. EQUIP.	14	19		2,897.56		152.50	.039		206.97		5.90
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	2	2		50.00		25.00	.004		25.00		.10
MEDICAL TRANSPORTATION	11	188		1,796.30		9.55	.383		163.30		3.66
				,							

AMBULANCES/AIR TRANS	6	19	709.91	37.36	.039	118.32	1.45
OTHER TRANS	5	169	1,086.39	6.43	.344	217.28	2.21
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	8	87.92	10.99	.016	21.98	.18
PHYSICAL THERAPIST	3	29	428.22	14.77	.059	142.74	.87
PORTABLE X-RAY	2	3	1.70	.57	.006	.85	.00
PROSTHETIST/ORTHOTISTS	3	16	157.53	9.85	.033	52.51	.32
PROSTHETICS	3	16	157.53	9.85	.033	52.51	.32
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	5	209.68	41.94	.010	104.84	.43
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	14	152	630.51	4.15	.310	45.04	1.28
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	26	1,179	3,740.90	3.17	2.401	143.88	7.62
@CALIF. CHILDREN SERVICES*	7	32	\$ 1,071.71	\$ 33.49	.065	\$ 153.10	\$ 2.18
@XOVER EXCLUDING STATE HOSP**	45	105	\$ 9,019.24	\$ 85.90	.214	\$ 200.43	\$ 18.37

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,553
MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05
YUBA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

10211 0001111	001111111111111111111111111111111111111	014110 011020	101112 111 111 1011				
					MO	NTHLY AVERA	GE
561 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	559	9 <b>,</b> 560 \$	297,780.35	\$ 31.15	17.041	\$ 532.70	\$ 530.80
@PHYSICIANS SERVICES	102	261 \$	11,027.23	\$ 42.25	.465	\$ 108.11	\$ 19.66
OUTPATIENT VISITS	46	66	2,320.89	35.17	.118	50.45	4.14
OFFICE VISITS	39	49	1,457.37	29.74	.087	37.37	2.60
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	8	14	805.92	57.57	.025	100.74	1.44
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	3	57.60	19.20	.005	57.60	.10
INPATIENT VISITS	5	11	523.50	47.59	.020	104.70	.93
HOSPITAL VISITS	5	11	523.50	47.59	.020	104.70	.93
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	4	4	147.40	36.85	.007	36.85	.26
EXAMINATIONS	4	4	147.40	36.85	.007	36.85	.26
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	15	2,218.86	147.92	.027	443.77	3.96
PRINCIPAL SURGEON	4	6	1,925.54	320.92	.011	481.39	3.43
ASSISTANT SURGEON	1	1	92.70	92.70	.002	92.70	.17
ANESTHESIOLOGIST	2	8	200.62	25.08	.014	100.31	.36
OUTPATIENT SURGERY	3	4	935.03	233.76	.007	311.68	1.67
PRINCIPAL SURGEON	3	4	935.03	233.76	.007	311.68	1.67

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	2	7		156.32		22.33	.012		78.16		.28
PATHOLOGY	7	10		177.67		17.77	.018		25.38		.32
RADIOLOGY	25	36		2,685.30		74.59	.064		107.41		4.79
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	1	26		355.56		13.68	.046		355.56		.63
OTHER SERVICES/ALL X-OVERS	44	82		1,506.70		18.37	.146		34.24		2.69
@PHARMACY	350	5,062	\$	117,796.51	\$	23.27	9.023	\$	336.56	\$	209.98
PRESCRIPTION DRUGS	342	1,280		115,428.11		90.18	2.282		337.51		205.75
SNF/ICF	41	242		13,670.86		56.49	.431		333.44		24.37
OUTPATIENTS	302	1,038		101,757.25		98.03	1.850		336.94		181.39
MEDICAL SUPPLIES	21	3,782		2,368.40		.63	6.742		112.78		4.22
@DENTIST	26	73	\$	4,963.00	\$	67.99	.130	\$	190.88	\$	8.85
VISITS - DIAGNOSTIC	14	47		832.00		17.70	.084		59.43		1.48
ORAL SURGERY	2	2		90.00		45.00	.004		45.00		.16
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	1	1		118.00		118.00	.002		118.00		.21
ENDODONTICS	1	1		.00		.00	.002		.00		.00
RESTORATIVE DENTISTRY	7	12		778.00		64.83	.021		111.14		1.39
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	5	9		3,005.00		333.89	.016		601.00		5.36
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	2	2		140.00		70.00	.004		70.00		.25
ALL OTHER SERVICES	0	1C		.00		.00	.002C		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		URES MC	NTH-OF-PAYMENT RE	EPORT	FOR JAN	2004 THRU	DEC	2004	PF	AGE 18,554
MOP024	FEE-FOR-SERVICE/DENTAL										03/14/05
YUBA COUNTY	SUMMARY OF SERVICES FO	R CRAIG	CASES-	- TOTAL IN PA-TOTA	AL						

----- MONTHLY AVERAGE -----

@OPTOMETRIST         8         18         \$         314.84         \$         17.49         .032         \$         39.36         \$         .56           DIAGNOSTIC AND ANC. PROCED         1         1         47.45         47.45         .002         47.45         .08           EYE APPLIANCES         7         16         266.34         16.65         .029         38.05         .47           OTHER OPTOMETRIC SERVICES         1         1         1.05         1.05         .002         1.05         .00           @CHIROPRACTOR         0         0         \$         .00         \$         .00 <th>561 ELIGIBLES</th>	561 ELIGIBLES
DIAGNOSTIC AND ANC. PROCED         1         1         47.45         47.45         .002         47.45         .08           EYE APPLIANCES         7         16         266.34         16.65         .029         38.05         .47           OTHER OPTOMETRIC SERVICES         1         1         1.05         1.05         .002         1.05         .00           @CHIROPRACTOR         0         0         \$         .00         \$         .00         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00 <td< td=""><td>@OPTOMETRIST</td></td<>	@OPTOMETRIST
EYE APPLIANCES       7       16       266.34       16.65       .029       38.05       .47         OTHER OPTOMETRIC SERVICES       1       1       1.05       1.05       .002       1.05       .00         @CHIROPRACTOR       0       0       \$       .00       \$       .00       .00       .00       \$       .00       \$       .00	-
OTHER OPTOMETRIC SERVICES 1 1 1 1.05 1.05 .002 1.05 .00  ©CHIROPRACTOR 0 0 \$ .00 \$ .00 .000 \$ .00 \$ .00  VISITS 0 0 0 .00 .00 .00 .00 .00 .00  OTHER SERVICES 0 0 0 .00 .00 .00 .00 .00 .00  ©PODIATRIST 4 5 \$ 42.00 \$ 8.40 .009 \$ 10.50 \$ .07  MEDICINE/INJECTIONS 0 0 .00 .00 .00 .00 .00  SURGERY/ANES. 0 0 0 .00 .00 .00 .00 .00  RADIO./PATHOLOGY 0 0 0 .00 .00 .00 .00 .00  OTHER 4 5 42.00 8.40 .009 10.50 .00	
@CHIROPRACTOR         0         0         \$         .00         \$         .00 </td <td></td>	
VISITS         0         0         .00	
OTHER SERVICES         0         0         .00         .00         .00         .00         .00           @PODIATRIST         4         5         \$         42.00         \$         8.40         .009         \$         10.50         \$         .07           MEDICINE/INJECTIONS         0         0         .00	-
@PODIATRIST         4         5         \$         42.00         \$         8.40         .009         \$         10.50         \$         .07           MEDICINE/INJECTIONS         0         0         .00	
MEDICINE/INJECTIONS         0         0         .00         .00         .00         .00         .00           SURGERY/ANES.         0         0         .00         .00         .00         .00         .00           RADIO./PATHOLOGY         0         0         .00         .00         .00         .00         .00           OTHER         4         5         42.00         8.40         .009         10.50         .07	
SURGERY/ANES.       0       0       .00       .00       .00       .00       .00         RADIO./PATHOLOGY       0       0       .00       .00       .00       .00       .00       .00         OTHER       4       5       42.00       8.40       .009       10.50       .07	
RADIO./PATHOLOGY 0 0 .00 .00 .000 .000 .00 OTHER 4 5 42.00 8.40 .009 10.50 .07	
OTHER 4 5 42.00 8.40 .009 10.50 .07	
NURSE ANESTHESIST 1 3 \$ 71.85 \$ 23.95 .005 \$ 71.85 \$ .13	-
*******	
V	-
HOSP INPATIENT TOTAL 3 29 35,963.14 1240.11 .052 11987.71 64.11	
NON-HSC HOSPITAL TOTAL 2 29 35,087.14 1209.90 .052 17543.57 62.54	
ACCOMMODATIONS 2 29 10,984.33 378.77 .052 5492.17 19.58	
ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00 .00	
TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00	
ALL OTHER ACCOM 2 29 10,984.33 378.77 .052 5492.17 19.58	
ANCILLARIES 2 0 24,102.81 .00 .000 12051.41 42.96	
INPATIENT CROSSOVERS 1 0 876.00 .00 .000 876.00 1.56	
ALL OTHER INPATIENT 0 0 .00 .00 .00 .00 .00	
HOSP OUTPATIENT TOTAL 42 237 6,735.30 28.42 .422 160.36 12.01	HOSP OUTPATIENT TOTAL
MEDICAL 12 22 940.50 42.75 .039 78.38 1.68	
SURGERY 2 2 57.67 28.84 .004 28.84 .10	
PATHOLOGY 20 82 1,231.10 15.01 .146 61.56 2.19	
RADIOLOGY 10 13 2,451.19 188.55 .023 245.12 4.37	RADIOLOGY
ROOM USE 20 27 1,136.26 42.08 .048 56.81 2.03	ROOM USE
CROSSOVERS/ALL OTH OUTPTNT 20 91 918.58 10.09 .162 45.93 1.64	
@COUNTY HOSPITAL TOTAL 0 0 \$ .00 \$ .00 \$ .00 \$ .00	@COUNTY HOSPITAL TOTAL
CO HOSPITAL INPATIENT TOTAL 0 0 .00 .00 .00 .00 .00 .00 .00	CO HOSPITAL INPATIENT TOTAL
HSC HOSPITALS 0 0 .00 .00 .00 .00 .00 .00	HSC HOSPITALS
NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .00 .00 .00 .00 .00	
ACCOMMODATIONS 0 0 .00 .00 .00 .00 .00	
ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00 .00	ADMINISTRATIVE DAYS
TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00 .00 .00	
ALL OTHER ACCOM 0 0 .00 .00 .00 .00 .00 .00	ALL OTHER ACCOM
ANCILLARIES 0 0 .00 .00 .00 .00 .00 .00	
INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00 .00 .00	INPATIENT CROSSOVERS
ALL OTHER INPATIENT 0 0 .00 .00 .00 .00 .00 .00	ALL OTHER INPATIENT
CO HOSP OUTPATIENT TOTAL 0 0 .00 .00 .00 .00 .00 .00 .00	CO HOSP OUTPATIENT TOTAL
MEDICAL 0 0 .00 .00 .00 .00 .00 .00	
SURGERY 0 0 .00 .00 .00 .00 .00 .00	SURGERY
PATHOLOGY 0 0 .00 .00 .00 .00 .00 .00	PATHOLOGY
RADIOLOGY 0 0 .00 .00 .00 .00 .00 .00	RADIOLOGY
ROOM USE 0 0 .00 .00 .00 .00 .00 .00	ROOM USE
CROSSOVERS/ALL OTH OUTPTNT 0 0 .00 .00 .00 .00 .00 .00	CROSSOVERS/ALL OTH OUTPTNT
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,555	#CALIF DEPT OF HEALTH SERV M

MOP024 FEE-FOR-SERVICE/DENTAL
YUBA COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL 03/14/05

YUBA COUNTY	SUMMARY OF SERV.	ICES FOR CRAIG CASES-	TOTAL IN PA-TOT.	AL				
					MON			
561 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER		T PER
		OR DAYS OF CARE		PER UNIT/DAY	_	USER		GIBLE
@COMMUNITY HOSPITAL TOTAL	43	266 \$	42,698.44	\$ 160.52	.474 \$			76.11
COMM HOSP INPATIENT TOTAL	3	29	35 <b>,</b> 963.14	1240.11	.052	11987.71		64.11
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	2	29	35,087.14	1209.90	.052	17543.57		62.54
ACCOMMODATIONS	2	29	10,984.33	378.77	.052	5492.17		19.58
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	2	29	10,984.33	378.77	.052	5492.17		19.58
ANCILLARIES	2	0	24,102.81	.00	.000	12051.41		42.96
INPATIENT CROSSOVERS	1	0	876.00	.00	.000	876.00		1.56
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	42	237	6,735.30	28.42	.422	160.36		12.01
MEDICAL	12	22	940.50	42.75	.039	78.38		1.68
SURGERY	2	2	57.67	28.84	.004	28.84		.10
	20	82						
PATHOLOGY	10	13	1,231.10	15.01	.146	61.56		2.19
RADIOLOGY			2,451.19	188.55	.023	245.12		4.37
ROOM USE	20	27	1,136.26	42.08	.048	56.81		2.03
CROSSOVERS/ALL OTH OUTPTNT		91	918.58	10.09	.162	45.93	_	1.64
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$		\$	.00
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	Ō	0	.00	.00	.000	.00		.00
@NURSING FACILITY	33	615 \$	84,555.32	\$ 137.49	1.096 \$		\$ 1	50.72
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	1	31	3,884.92	125.32	.055	3884.92		6.92
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	32	584	80,670.40	138.13	1.041	2520.95	1	43.80
@INTERMEDIATE CARE FACILDD	0	0 \$	.00	\$ .00	.000 \$	.00	\$	.00
ICF DDH	0	0	.00	.00	.000	.00		.00
ICF DD	0	0	.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	4	4 \$	1,672.39	\$ 418.10	.007 \$		Ś	2.98
HOSPITAL BASED	0	0	.00	.00	.000	.00	т	.00
HEMODIALYSIS CENTER	4	4	1,672.39	418.10	.007	418.10		2.98
@REHABILITATION FACILITY	2	4 \$	165.87	\$ 41.47	.007 \$		\$	.30
HOSPITAL BASED	2	4	165.87	41.47	.007	82.94	Y	.30
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00		.00
	22	92 \$		\$ 11.04			ċ	1.81
@LABORATORY FACILITY	22	92 ş 92	1,015.25	•		46.15	Ş	1.81
PATHOLOGY			1,015.25	11.04	.164			
XO AND OTHERS	0	0	.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	94	142 \$	9,067.50	\$ 63.86	.253 \$		\$	16.16
CLINIC	1	2	22.94	11.47	.004	22.94		.04
SURGICENTER	1	2	20.00	10.00	.004	20.00		.04
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	92	138	9,024.56	65.40	.246	98.09		16.09
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES MON	NTH-OF-PAYMENT R	EPORT FOR JAN 2	:004 THRU DE	C 2004	PAGE	18 <b>,</b> 556
MOP024	FEE-FOR-SERVICE,						0	3/14/05
YUBA COUNTY	SUMMARY OF SERV	ICES FOR CRAIG CASES-	TOTAL IN PA-TOT.	AL				
					MON	THE VILLE	~=	

----- MONTHLY AVERAGE -----561 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	92	2,981	\$	22,130.27	\$ 7.42	5.314	\$ 240.55	\$ 39.45
DURABLE MED. EQUIP.	15	45		3,253.76	72.31	.080	216.92	5.80
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	2		50.00	25.00	.004	25.00	.09
MEDICAL TRANSPORTATION	12	190		1,831.15	9.64	.339	152.60	3.26
AMBULANCES/AIR TRANS	6	19		709.91	37.36	.034	118.32	1.27
OTHER TRANS	5	169		1,086.39	6.43	.301	217.28	1.94
OTHER SERVICES	1	2		34.85	17.43	.004	34.85	.06
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	2	9		851.01	94.56	.016	425.51	1.52
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	5	10		114.00	11.40	.018	22.80	.20
PHYSICAL THERAPIST	3	29		428.22	14.77	.052	142.74	.76
PORTABLE X-RAY	3	5		3.47	.69	.009	1.16	.01
PROSTHETIST/ORTHOTISTS	3	16		157.53	9.85	.029	52.51	.28
PROSTHETICS	3	16		157.53	9.85	.029	52.51	.28
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	5		209.68	41.94	.009	104.84	.37
HOSPICE SERVICES	2	87		9,884.94	113.62	.155	4942.47	17.62
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	16	209		899.74	4.30	.373	56.23	1.60
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	33	2,374		4,446.77	1.87	4.232	134.75	7.93
@CALIF. CHILDREN SERVICES*	7	32	\$	1,071.71	\$ 33.49	.057		•
@XOVER EXCLUDING STATE HOSP**	68	683	\$	16,010.90	\$ 23.44	1.217	\$ 235.45	\$ 28.54

@\* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,557 MOP024 FEE-FOR-SERVICE/DENTAL 03/14/05 SUMMARY OF SERVICES FOR TOTAL CERTIFIED

1027 000111	BOTHERICE OF BEHAVIORS FOR TOTAL CERTIFIED								
						MON	NTHLY AVERA	GE.	
207,843 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	132,832	1,512,968	<b>&gt;</b>	65,071,592.36	\$ 43.01	7.279	489.88	\$	313.08
@PHYSICIANS SERVICES	29 <b>,</b> 773	98,566	<b>&gt;</b>	3,625,188.41	\$ 36.78	.474	121.76	\$	17.44
OUTPATIENT VISITS	12,065	16,189		625,949.00	38.67	.078	51.88		3.01
OFFICE VISITS	10,111	13,405		455,588.81	33.99	.064	45.06		2.19
HOME VISITS	42	47		2,356.00	50.13	.000	56.10		.01
EMERGENCY ROOM	768	841		48,920.89	58.17	.004	63.70		.24
PREVENTIVE CARE	12	12		456.38	38.03	.000	38.03		.00
OB VISITS/COMPRE PERI	780	1,185		98,444.58	83.08	.006	126.21		.47
OTHER OUTPATIENT	589	699		20,182.34	28.87	.003	34.27		.10
INPATIENT VISITS	1,617	5,866		361,456.66	61.62	.028	223.54		1.74
HOSPITAL VISITS	1,452	4,383		195,633.77	44.63	.021	134.73		.94
CRITICAL CARE	191	1,153		158,274.49	137.27	.006	828.66		.76
SNF/ICF/TRANS IP CARE	99	330		7,548.40	22.87	.002	76.25		.04
OPHTHALMOLOGICAL SERVICES	821	1,050		41,629.29	39.65	.005	50.71		.20
EXAMINATIONS	812	1,038		41,349.00	39.84	.005	50.92		.20
SERVICES AND MATERIALS	12	12		280.29	23.36	.000	23.36		.00

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INPATIENT HOSPITAL SURGERY	1,573	7,072		899,325.36		127.17	.034	571.73		4.33
PRINCIPAL SURGEON	1,060	1,422		725,662.03		510.31	.007	684.59		3.49
ASSISTANT SURGEON	226	226		42,524.81		188.16	.001	188.16		.20
ANESTHESIOLOGIST	628	5,424		131,138.52		24.18	.026	208.82		.63
OUTPATIENT SURGERY	1,806	4,469		379,261.93		84.87	.022	210.00		1.82
PRINCIPAL SURGEON	1,529	2,073		319,838.73		154.29	.010	209.18		1.54
ASSISTANT SURGEON	20	20		2,674.78		133.74	.000	133.74		.01
ANESTHESIOLOGIST	407	2,376		56,748.42		23.88	.011	139.43		.27
DIALYSIS	112	333		28,204.49		84.70	.002	251.83		.14
PATHOLOGY	949	1,852		32,550.67		17.58	.009	34.30		.16
RADIOLOGY	10,090	17,051		612,231.38		35.91	.082	60.68		2.95
PSYCHIATRY	10	10		411.43		41.14	.000	41.14		.00
IMMUNIZATION AND INJECTION		2,363		35,679.21		15.10	.011	62.93		.17
OTHER SERVICES/ALL X-OVERS		42,311		608,488.99		14.38	.204	61.60		2.93
@PHARMACY	75 <b>,</b> 833	589,816	\$	23,852,229.47	\$	40.44	2.838	\$ 314.54	\$	114.76
PRESCRIPTION DRUGS	74,922	265,651		22,758,823.20		85.67	1.278	303.77		109.50
SNF/ICF	1,754	15,592		977,875.83		62.72	.075	557.51		4.70
OUTPATIENTS	73 <b>,</b> 261	250,059		21,780,947.37		87.10	1.203	297.31		104.80
MEDICAL SUPPLIES				1,093,406.27		3.37	1.560	209.83		5.26
@DENTIST	8,887	44,271	\$	1,577,136.52	\$	35.62	.213	\$ 177.47	\$	7.59
VISITS - DIAGNOSTIC	6,028	27,876		387,423.86		13.90	.134	64.27		1.86
ORAL SURGERY	1,405	3,441		201,871.89		58.67		143.68		.97
DRUGS	195	217		4,968.75		22.90	.001	25.48		.02
ANESTHESIA	90	102		8,986.00		88.10	.000	99.84		.04
PERIODONTICS	277	300		31,909.50		106.37	.001	115.20		.15
ENDODONTICS	642	1,329		187,614.75		141.17	.006	292.23		.90
RESTORATIVE DENTISTRY	2,880	8,466		491,063.18		58.00	.041	170.51		2.36
PROSTHETICS	42	45		1,530.00		34.00	.000	36.43		.01
DENTURES, STAYPLATES	490	1,362		199,816.00		146.71	.007	407.79		.96
SPACE MAINTAINERS	46	60		6,342.00		105.70		137.87		.03
MAXILLOFACIAL SERVICES	17	19		4,325.59		227.66	.000	254.45		.02
FRACTURES, DISLOCATIONS	2	2		1,300.00		650.00		650.00		.01
ORTHODONTIC SERVICES	486	610		45,885.00		75.22	.003	94.41		.22
ALL OTHER SERVICES	355	442		4,100.00		9.28	.002	11.55		.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDIT	URES	MONTH-OF-PAYMENT F	REPORT	FOR JAN	2004 THRU	DEC 2004	P	AGE 18,558
	FEE-FOR-SERVICE/DENTA									03/14/05
YUBA COUNTY	SUMMARY OF SERVICES F	OR TOTAL	CERT	IFIED						
							M	MONTHLY AVERA	GE ·	

207,843 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PEF OR DAYS OF CARE PER UNIT/DAY PER ELIG USER	•
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER	\$ .87
	•
@OPTOMETRIST 2,957 8,545 \$ 180,183.87 \$ 21.09 .041 \$ 60.93	
DIAGNOSTIC AND ANC. PROCED 1,759 2,065 77,758.52 37.66 .010 44.21	.37
EYE APPLIANCES 2,254 6,331 98,232.42 15.52 .030 43.58	.47
OTHER OPTOMETRIC SERVICES 106 149 4,192.93 28.14 .001 39.56	.02
@CHIROPRACTOR 843 2,281 \$ 35,796.30 \$ 15.69 .011 \$ 42.46	\$ .17
VISITS 813 2,223 35,074.38 15.78 .011 43.14	.17
OTHER SERVICES 30 58 721.92 12.45 .000 24.06	.00
@PODIATRIST 421 510 \$ 5,266.26 \$ 10.33 .002 \$ 12.51	\$ .03
MEDICINE/INJECTIONS 67 78 2,070.10 26.54 .000 30.90	.01
SURGERY/ANES. 2 2 265.45 132.73 .000 132.73	.00
RADIO./PATHOLOGY 6 6 95.15 15.86 .000 15.86	.00
OTHER 351 424 2,835.56 6.69 .002 8.08	.01
@HOME HEALTH AGENCY 1,118 8,021 \$ 350,947.39 \$ 43.75 .039 \$ 313.91	\$ 1.69
NURSE ANESTHESIST 71 671 \$ 7,301.25 \$ 10.88 .003 \$ 102.83	\$ .04
NURSE MIDWIFE 222 547 \$ 160,396.66 \$ 293.23 .003 \$ 722.51	\$ .77
PEDIATRIC NURSE PRACTITIONER 2 2 \$ 166.00 \$ 83.00 .000 \$ 83.00	\$ .00

FAMILY NURSE PRACTITIONER	2,965	6,850	Ś	109,524.85	Ś	15.99	.033	\$ 36.94	S	.53
@TOTAL HOSPITAL	19,245	97 <b>,</b> 847	\$		\$		.471			89.79
HOSP INPATIENT TOTAL	2,429	9,384		15,873,517.41		1691.55	.045	6535.00		76.37
HSC HOSPITALS	330	2,241		3,109,608.94		1387.60	.011	9423.06		14.96
NON-HSC HOSPITAL TOTAL	1,654	7,143		12,367,243.48		1731.38	.034	7477.17		59.50
ACCOMMODATIONS	1,653	7,143		3,445,478.91		482.36	.034	2084.38		16.58
ADMINISTRATIVE DAYS	6	56		12,365.05		220.80	.000	2060.84		.06
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	1,647	7,087		3,433,113.86		484.42	.034	2084.47		16.52
ANCILLARIES	1,652	0		8,921,764.57		.00	.000	5400.58		42.93
INPATIENT CROSSOVERS	473	0		396,664.99		.00	.000	838.62		1.91
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	17,741	88,463		2,787,879.14		31.51	.426	157.14		13.41
MEDICAL	5 <b>,</b> 576	9,351		475,221.12		50.82	.045	85.23		2.29
SURGERY	1,482	1,816		97,906.02		53.91	.009	66.06		.47
PATHOLOGY	6,732	29,824		373,923.20		12.54	.143	55.54		1.80
RADIOLOGY	7,140	10,076		689,635.78		68.44	.048	96.59		3.32
ROOM USE	8,497	12,144		477,892.45		39.35	.058	56.24		2.30
CROSSOVERS/ALL OTH OUTPTNT	6,843	25 <b>,</b> 252		673,300.57		26.66	.121	98.39		3.24
@COUNTY HOSPITAL TOTAL	45	281	\$	60,256.80	\$	214.44	.001	\$ 1339.04	\$	.29
CO HOSPITAL INPATIENT TOTAL	4	40		52,562.02		1314.05	.000	13140.51		.25
HSC HOSPITALS	4	40		52,562.02		1314.05	.000	13140.51		.25
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	43	241		7,694.78		31.93	.001	178.95		.04
MEDICAL	12	16		861.06		53.82	.000	71.76		.00

SURGERY	12	16	614.74	38.42	.000	51.23	.00	
PATHOLOGY	12	90	1,694.39	18.83	.000	141.20	.01	
RADIOLOGY	6	8	461.75	57.72	.000	76.96	.00	
ROOM USE	28	49	2,765.87	56.45	.000	98.78	.01	
CROSSOVERS/ALL OTH OUTPINT	25	62	1,296.97	20.92	.000	51.88	.01	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT REE	PORT FOR JAN 2	004 THRU DE	EC 2004	PAGE 18,559	
MOP024	FEE-FOR-SERVICE/DEN	FEE-FOR-SERVICE/DENTAL						
YUBA COUNTY	SUMMARY OF SERVICES	FOR TOTAL CER	TIFIED					

YUBA COUNTY	SUMMARY OF SER	VICES FOR TOTAL C	ERTII	FIED					03/11/00
						MON	THLY AVERA	GE	
207,843 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	19,205	97 <b>,</b> 566	\$	18,601,139.75	\$ 190.65	.469	968.56	\$	89.50
COMM HOSP INPATIENT TOTAL	2,425	9,344		15,820,955.39	1693.17	.045	6524.11		76.12
HSC HOSPITALS	326	2,201		3,057,046.92	1388.94	.011	9377.44		14.71
NON-HSC HOSPITALS TOTAL	1,654	7,143		12,367,243.48	1731.38	.034	7477.17		59.50
ACCOMMODATIONS	1,653	7,143		3,445,478.91	482.36	.034	2084.38		16.58
ADMINISTRATIVE DAYS	6	56		12,365.05	220.80	.000	2060.84		.06
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	1,647	7,087		3,433,113.86	484.42	.034	2084.47		16.52
ANCILLARIES	1,652	0		8,921,764.57	.00	.000	5400.58		42.93
INPATIENT CROSSOVERS	473	0		396,664.99	.00	.000	838.62		1.91
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	17,702	88,222		2,780,184.36	31.51	.424	157.05		13.38
MEDICAL	5,565	9,335		474,360.06	50.82	.045	85.24		2.28
SURGERY	1,470	1,800		97,291.28	54.05	.009	66.18		.47
PATHOLOGY	6,720	29,734		372,228.81	12.52	.143	55.39		1.79
RADIOLOGY	7,134	10,068		689,174.03	68.45	.048	96.60		3.32
ROOM USE	8,470	12,095		475,126.58	39.28	.058	56.10		2.29
CROSSOVERS/ALL OTH OUTPTNT		25 <b>,</b> 190		672,003.60	26.68	.121	98.52		3.23
@STATE HOSPITAL	8	233	\$	139,197.74	\$ 597.42	.001	17399.72	\$	.67
MENTALLY ILL	8	233		139,197.74	597.42	.001	17399.72		.67
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0 1 <b>,</b> 798	49,047	\$	6,087,537.91	\$ 124.12	.236	3385.73	\$	29.29
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	13	375		42,358.00	112.95	.002	3258.31		.20
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	21	731		436,408.77	597.00	.004	20781.37		2.10
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	1,764	47,941		5,608,771.14	116.99	.231	3179.58		26.99
@INTERMEDIATE CARE FACILDD	61	1,858	\$		\$ 182.19		5549.42	\$	1.63
ICF DDH	24	730		115,298.20	157.94	.004	4804.09		.55
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	37	1,128		223,216.34	197.89	.005	6032.87		1.07
@HEMODIALYSIS TOTAL	483 0	17,398	\$	661,784.49	\$ 38.04	.084	1370.15	\$	3.18
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	483	17,398		661,784.49	38.04	.084	1370.15		3.18
@REHABILITATION FACILITY	32	56	\$	2,690.05	\$ 48.04	.000	84.06	\$	.01
HOSPITAL BASED	30	53		2,599.18	49.04	.000	86.64		.01
INDEPENDENT FACILITY	2	3		90.87	30.29	.000	45.44		.00
@LABORATORY FACILITY	9,521	34,966	\$	451,864.75	\$ 12.92	.168	47.46	\$	2.17
PATHOLOGY	9,482	34,895		451,265.65	12.93	.168	47.59		2.17
XO AND OTHERS	40	71		599.10	8.44	.000	14.98		.00
@ORGANIZED OUTPATIENT CLINIC	45,245	82,352	\$	6,265,191.91	\$ 76.08	.396	138.47	\$	30.14
CLINIC	1,613	7,725		173,543.83	22.47	.037	107.59		.83
SURGICENTER	290	1,143		55,337.71	48.41	.005	190.82		.27
HEROIN DETOX CLINIC	14	154		1,906.65	12.38	.001	136.19		.01

RURAL HEALTH CLINIC 43,633 73,330 6,034,403.72 82.29 .353 138.30 29.03 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2004 THRU DEC 2004 PAGE 18,560 O3/14/05 YUBA COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

IUBA COUNTI	SUMMARY OF SERV	VICES FOR TOTAL (	_ERT1	TEIED					
							ITHLY AVERA	GE	-
207,843 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PE	
		OR DAYS OF CAR	Ε		PER UNIT/DAY		USER	ELIGIBL	
@ALL OTHER PROVIDERS	17 <b>,</b> 622	469 <b>,</b> 131	\$	2,559,277.44	\$ 5.46	2.257			
DURABLE MED. EQUIP.	1,520	4,018		404,271.35	100.62	.019	265.97	1.9	5
BLOOD BANK	0	0		.00	.00	.000	.00	.0	0
HEARING AID DISPENSERS	174	220		23,346.86	106.12	.001	134.18	.1	1
MEDICAL TRANSPORTATION	2,343	68 <b>,</b> 904		559,600.71	8.12	.332	238.84	2.6	9
AMBULANCES/AIR TRANS	1,846	17 <b>,</b> 691		278,817.36	15.76	.085	151.04	1.3	4
OTHER TRANS	401	50,497		211,707.82	4.19	.243	527.95	1.0	2
OTHER SERVICES	198	716		69,075.53	96.47	.003	348.87	.3	3
ACUPUNCTURE	54	119		1,822.97	15.32	.001	33.76	.0	1
ADULT DAY HEALTH CARE CTR	31	362		25,201.88	69.62	.002	812.96	.1	2
GENETIC DISEASE TESTING	280	281		29,481.00	104.91	.001	105.29	.1	4
IHMC, MODEL-NF, NF, AIDS, MSSP	573	12,123		504,658.49	41.63	.058	880.73	2.4	3
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.0	0
OPTICIAN	2,496	5,586		56,083.13	10.04	.027	22.47	.2	7
PHYSICAL THERAPIST	118	729		10,633.64	14.59	.004	90.12	.0	5
PORTABLE X-RAY	63	95		389.08	4.10	.000	6.18	.0	0
PROSTHETIST/ORTHOTISTS	337	679		61,728.89	90.91	.003	183.17	.3	0
PROSTHETICS	335	675		61,606.14	91.27	.003	183.90	.3	0
ORTHOTICS	2	4		122.75	30.69	.000	61.38	.0	0
PSYCHOLOGIST	7	20		418.04	20.90	.000	59.72	.0	0
SPEECH AND AUDIOLOGY	612	1,692		78 <b>,</b> 192.79	46.21	.008	127.77	.3	8
HOSPICE SERVICES	90	1,880		213,965.99	113.81	.009	2377.40	1.0	3
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.0	0
LOCAL EDUCATION AGENCIES	5,541	55 <b>,</b> 495		361,475.69	6.51	.267	65.24	1.7	4
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.0	0
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.0	0
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.0	0
ALL OTHER PROVIDERS	4,396	316 <b>,</b> 928		228,006.93	.72	1.525	51.87	1.1	0
@CALIF. CHILDREN SERVICES*	887	21,476	\$	2,769,757.57	\$ 128.97	.103		\$ 13.3	3
@XOVER EXCLUDING STATE HOSP**	9,793	100,404	\$	1,593,075.17	\$ 15.87	.483	162.67	\$ 7.6	6

<sup>@\*</sup> TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

<sup>\*\*</sup> THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.